

Sarah Rudman, M.D. - 08-19-2022
CALVARY CHAPEL SAN JOSE vs GAVIN NEWSOM

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

SAN JOSE DIVISION

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**CERTIFIED
TRANSCRIPT**

CALVARY CHAPEL SAN JOSE, a) Case No.:
California Non-Profit Corporation;) 20-cv-03794-BLF
PASTOR MIKE MCCLURE, an individual;)
SOUTHRIDGE BAPTIST CHURCH OF)
SAN JOSE CALIFORNIA dba)
SOUTHRIDGE CHURCH, a California)
Non-Profit Corporation; PASTOR)
MICHAIAH IRMLER, an individual,)
)
Plaintiffs,)
)
vs.)
)
GAVIN NEWSOM, in his official)
capacity as the Governor of)
California; TOMAS ARAGON, M.D., in)
his official capacity as the Acting)
California Public Health Officer;)
SANTA CLARA COUNTY; SARA H. CODY,)
M.D., in her official capacity as)
Santa Clara County Public Health)
Officer; MIKE WASSERMAN, in his)
official capacity as Santa Clara)
County Supervisor; CINDY CHAVEZ, in)
her official capacity as a)
Santa Clara County Supervisor;)
DAVE CORTESE, in his official)
capacity as a Santa Clara County)
Supervisor; SUSAN ELLENBERG, in her)
official capacity as a Santa Clara)
County Supervisor; and JOE SIMITIAN,)
in his official capacity as a)
Santa Clara County Supervisor,)
)
Defendants.)
)

DEPOSITION OF
SANTA CLARA COUNTY'S PERSON MOST KNOWLEDGEABLE PURSUANT
TO RULE 30(B) (6) - SARAH RUDMAN, M.D.

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1 DATE: Friday, August 19, 2022
2 TIME: 9:13 A.M. to 2:39 P.M.
3 LOCATION: Remote via Zoom Videoconference
4

5 REPORTED BY:
6 Michelle D. Knowles,
CSR No. 8979, RPR, CRR, CRC, CCRR
File No. 22-0819
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1 Q. Oh, you have multiple.

2 Well, let's -- medical.

3 A. Oh.

4 Q. What type of medical degree do you have?

5 A. So it's a doctor of medicine, an M.D.

6 Q. And where did you get that degree?

7 A. At Cornell.

8 Q. Okay. What other degrees do you have?

9 A. So I have my Bachelor of Arts, and then I have
10 a master's in public health.

11 Q. And where did you get your master's of public
12 health from?

13 A. At University of California, Berkeley.

14 Q. Do you have -- when you got your doctor of
15 medicine, did you focus on epidemiology?

16 A. Not at that point in my training.

17 Q. Okay. So when in your training did you focus
18 on epidemiology?

19 A. As part of both my infectious disease
20 fellowship, which is the medical training that came
21 after my residency, and in my master's of public health,
22 which was really a degree in epidemiology.

23 Q. And where did you do your fellowship regarding
24 infectious diseases?

25 A. At University of California, San Francisco.

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1 Q. And when did you do that?

2 A. Let's see. That would have been 2013 to 2015.

3 Q. And when did you get your master's in public
4 health?

5 A. In 2015. I think 2014 to 2015.

6 Q. When did Santa Clara County first implement its
7 contact tracing system related to COVID?

8 A. There were several iterations of it. I would
9 say very early, as early as our first case in January
10 2020, we had a small manual system for contact tracing.

11 Very quickly, within the next several weeks and
12 certainly by early March, we were overwhelmed and didn't
13 have a system for contact tracing just because of the
14 volume of cases compared to the systems set up to
15 respond to them.

16 And then we reimplemented a new system, I
17 believe, at mid-to-late May 2020.

18 Q. Let's start with the first system.

19 A. Please.

20 Q. Well, let's start, actually, when -- when did
21 the County first learn about a COVID-19 case in the
22 County?

23 A. End of January 20- -- no. Sorry. I'm -- I'm
24 misremembering when our first case is.

25 My memory is end of January 2020. It may have

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1 been January 20th or 27th, but I don't remember exactly.

2 Q. And so, at this time, you had a manual system.

3 Is that what you said?

4 A. Uh-huh. Yes.

5 Q. Okay. How did that man- -- how was that manual
6 system applied?

7 A. Sure.

8 Q. Can you explain to me that manual system?

9 A. So a -- a unit -- a standard practice for
10 response to communicable diseases of public health
11 consequence is to have public health employees trained
12 to speak with the case, confirm that that individual
13 does meet criteria as a case for whatever disease -- in
14 this case, COVID -- try to understand where they may
15 have gotten sick, and then try to understand who they
16 may have exposed during the period we understand them to
17 be contagious.

18 Q. Uh-huh.

19 A. So, in January 2020, when we had one and then
20 two and then five cases, there were individuals who
21 would call up a case and then -- originally, on a piece
22 of paper -- write down the name of every person we
23 thought they may have come in contact with during the
24 period we thought they were contagious. And that
25 information then may have been transcribed into

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1 individual Excel documents that were stored on our
2 shared secure drives.

3 And then the -- the final step of that contact
4 tracing is then calling those individuals we believe
5 could have been exposed to notify them of that exposure,
6 see how they're feeling, and direct them to other
7 resources as appropriate.

8 Q. So do the county attorneys have access to those
9 Excel documents?

10 A. Yes. My understanding is yes.

11 Q. And do you know if the attorney -- attorneys
12 reviewed those documents in response to our office's
13 document requests?

14 A. I don't know.

15 Q. Okay. So after January, let's say February --

16 A. Uh-huh.

17 Q. -- of 2020, what was the contact tracing system
18 then?

19 A. My best memory is sometime during that period,
20 we would have stopped contact tracing entirely.

21 Q. And why is that?

22 A. Because, at that time, the resources we had to
23 call people who were getting sick were -- were far
24 overwhelmed by the number of people -- actually, I guess
25 that was more into early March -- overwhelmed by the

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1 number of people who were getting sick. Yeah.

2 Q. So is it possible that you -- the County may
3 not know the amount of people who could have been
4 infected in February of 2020 because you guys didn't
5 have the resources to -- to trace or investigate
6 COVID-19 cases?

7 MR. WALL: Objection to the extent it calls for
8 speculation.

9 You can answer the question, Dr. Rudman.

10 THE WITNESS: Sure.

11 Well, I want to say I -- my opinion is there
12 have been many points throughout the pandemic, including
13 today, when we are likely significantly undercounting
14 how many cases there are. And the reasons why have
15 evolved throughout the pandemic: whether it had to do
16 with access to testing, especially early on; whether
17 folks get tested if they're feeling sick or have been
18 exposed, as well as some of the nuances of the reporting
19 system for us receiving reports and being able to
20 respond to them.

21 BY MS. GONDEIRO:

22 Q. Okay. So, to be clear, in February, as you can
23 recall, the County wasn't implementing any type of
24 contact tracing system because they were just so
25 overwhelmed?

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1 MR. WALL: Objection. Misstates testimony.

2 THE WITNESS: I would -- my best memory is,
3 actually, it was in March when we stopped attempting to
4 contact trace every case. I believe in February we
5 still had a low enough number of cases we were able to
6 do that, call each case and speak with them.

7 BY MS. GONDEIRO:

8 Q. During February, were you still using your
9 manual system?

10 A. Yes, as best I remember.

11 Q. And how many employees at that time were
12 helping with this manual system?

13 A. I don't remember exactly.

14 Q. Do you recall, at that time, feeling like you
15 didn't have enough employees to help with the manual
16 system?

17 A. I know we reached a point somewhere between
18 February and March where we didn't have enough people to
19 reach out to every case. I don't remember at what point
20 we made that determination.

21 Q. Okay. But it was somewhere in between February
22 or March?

23 A. That's my best memory, yes.

24 Q. February to March?

25 A. Yes. It could have been more like middle of

1 March.

2 Q. But it could -- but -- okay.

3 So it could -- so could it have been
4 anywhere -- it could have been anywhere from March -- or
5 no.

6 Could it have been anywhere from February to
7 the middle of March?

8 A. Yes, that's my best memory.

9 Q. Okay. So, in March, what type of contact
10 tracing system did the County implement?

11 A. So, in March, I would describe us as not
12 implementing a system specifically for contact tracing
13 but continuing to use a State system for case --
14 documentation of cases. And it wasn't until, I believe,
15 May that we implemented a new system for contact
16 tracing.

17 Q. So in -- from March to -- actually, can you
18 describe to me the State system --

19 A. Sure.

20 Q. -- you were using?

21 A. So the State, prior to the pandemic, has been
22 using a system called "CalREDIE," which is an acronym --
23 and I apologize; I can't remember what it stands for --
24 that allows two methods of documenting people who are
25 sick with a disease of public health importance: One is

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1 that laboratories can electronically submit positive
2 test results directly into the system in an automatic
3 way, and the other is that public health employees can
4 manually input information they have about somebody who
5 is sick with a disease of public health importance.

6 That CalREDIE system is the means by which we
7 comply with our regulatory requirements to collect
8 information about public health im- -- diseases of
9 public health importance and report them to the State.

10 And so that was the system we were utilizing
11 prior to COVID for other diseases and throughout the
12 pandemic, including until today, to document cases.

13 The period I was describing in February and
14 March, I know we continued to use that system to
15 document what we did know about cases, but it did not
16 include what I would consider contact tracing, which is
17 the information about people who might have been exposed
18 to those cases.

19 Q. Okay. Gotcha.

20 Did the State of California implement this
21 CalREDIE system throughout the entire COVID-19 pandemic?

22 A. Yes. It was up and running throughout the
23 entire COVID pandemic and able to receive information
24 about COVID cases certainly as early as January 2020.
25 I'm not sure exactly when.

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1 Q. Did they have any other type of contact tracing
2 system that they applied during the COVID-19 pandemic?
3 And if so -- oh, first, I'll just have you answer that
4 question.

5 A. Yes.

6 Q. Did they have another type of contact tracing
7 system?

8 A. Yes, they did.

9 Q. And when -- when did they apply that different
10 system?

11 A. So that different system, which was called
12 "CalCONNECT," was the one I alluded to that went live
13 around May -- the end of May 2020.

14 Q. So both the County and the State of California
15 started using CalCONNECT in May --

16 A. Yes.

17 Q. -- of 2020?

18 A. Yes.

19 MS. GONDEIRO: Okay. Can you please pull up
20 Exhibit 30?

21 (Exhibit 30 was marked for identification.)

22 MR. WALL: Annette, can you drop a copy into
23 the chat, too, so that I can pull up a copy on my end?

24 EXHIBIT TECHNICIAN: I think I can, yeah. But
25 I'm in Ignite, so let me just see if I can share that

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1 into the chat.

2 MR. WALL: And then if it's dropped into the
3 chat, Dr. Rudman, you should be able to pull up a copy.

4 THE WITNESS: I can scroll through?

5 MR. WALL: Yeah.

6 EXHIBIT TECHNICIAN: Let's see here. Hold on.

7 BY MS. GONDEIRO:

8 Q. Dr. Rudman, does this PowerPoint look familiar
9 to you?

10 A. I apologize. What I'm seeing on my screen, it
11 looks like a chat window; so I can't -- I saw it for a
12 moment, but I can't --

13 EXHIBIT TECHNICIAN: Sorry. Let me get out of
14 there.

15 THE WITNESS: Oh, okay.

16 MS. GONDEIRO: Yeah, that's much better for me
17 too.

18 EXHIBIT TECHNICIAN: Okay. Do I need to zoom
19 in more? Is that better?

20 MR. WALL: Mariah, can you drop copies of the
21 exhibits into the chat? Because I want the -- the
22 witness has the right to review the documents --

23 MS. GONDEIRO: Yes.

24 MR. WALL: -- and I would like to as well.

25 MS. GONDEIRO: I -- I don't know how to -- I

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1 don't know how to do that. I sent them over to -- to --

2 MR. WALL: If you have copies on your laptop,
3 you can just open the chat and drag and drop them in,
4 and it will publish them to the group.

5 EXHIBIT TECHNICIAN: And I can do that.

6 MS. GONDEIRO: Can you -- can you do that?

7 Because I'm tech- --

8 EXHIBIT TECHNICIAN: Yeah, but I'm going to get
9 out -- yeah. Let me just get out of this real quick,
10 and then I'll do that.

11 MR. WALL: Thank you. I appreciate it.

12 EXHIBIT TECHNICIAN: No problem.

13 Let me just stop sharing for a second here.

14 I apologize. Just -- okay.

15 I'm so sorry. I took it out of that folder,
16 and now I'm just trying to look for it. So...

17 Okay. So I'm going to have to -- I'll get it
18 from the email again. Just give me one second.

19 MR. WALL: Thank you, Annette. I appreciate
20 it.

21 EXHIBIT TECHNICIAN: No problem.

22 There you go.

23 MR. WALL: Oh, great. Thank you.

24 EXHIBIT TECHNICIAN: Now, let me get -- let me
25 go in to share the screen also with this other one.

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1 MR. WALL: Okay.

2 Dr. Rudman, you should be able to download and
3 open it from the chat. If you have any issues, let me
4 know.

5 EXHIBIT TECHNICIAN: Okay. Is that too zoomed
6 out, or is that okay for everybody on the screen?

7 MR. WALL: It's okay for me.

8 MS. GONDEIRO: Yeah.

9 THE WITNESS: I haven't actually been able to
10 open it, though; so it's -- let me see.

11 MR. WALL: The way it works -- I don't know how
12 familiar with Zoom --

13 THE WITNESS: Oh, I have to save it and then
14 open it. I've got it.

15 MR. WALL: Yeah.

16 THE WITNESS: Thank you.

17 Okay. Thank you. Yes, I've got it open, and I
18 can scroll through. Thank you.

19 BY MS. GONDEIRO:

20 Q. Dr. Rudman, does this PowerPoint look familiar
21 to you?

22 A. I don't remember the specific PowerPoint, but
23 I'm familiar with the information that's in it.

24 Q. Okay.

25 MR. WALL: Let the record reflect this is part

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1 of a larger presentation.

2 THE WITNESS: Ah.

3 MR. WALL: But go ahead, Ms. Gondeiro.

4 BY MS. GONDEIRO:

5 Q. Okay. So it's -- this PowerPoint is titled
6 "Case Investigation and Contact Tracing."

7 Do you know when this PowerPoint would have
8 been put together?

9 A. I don't remember specifically, but at the time
10 we were proposing the changes described here would have
11 been around May 2020.

12 Q. So it says here, on the first page,
13 "Implemented new technology to increase the efficiency,
14 consistency, and effectiveness of our investigations as
15 we scale."

16 Was that new technol- -- what did that new
17 technology refer to?

18 A. So it -- it -- I don't remember exactly. It
19 could have been CalCONNECT.

20 Q. Uh-huh.

21 A. We were also trying to work with a different
22 company called "Dimagi" to create something similar on
23 our own, and so it could have been alluding to that one
24 instead.

25 Q. But was it -- but when you refer to

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1 "technology," it was either Dimagi -- did I pronounce
2 that right?

3 A. Yes.

4 Q. -- Dimagi or CalCONNECT?

5 A. That's -- yes. To the best I remember, yes. I
6 don't remember any other system this could have referred
7 to.

8 Q. What is Dimagi?

9 A. So similar to what CalCONNECT did for us
10 eventually, it was designed to be a system -- and it may
11 have been -- the company was called "Dimagi," and I
12 think the system was called "CommCare" -- was designed
13 to allow us to pull information from CalREDIE about who
14 had tested positive for COVID, assign each case out to
15 an investigator electronically as opposed to having to
16 hand them a piece of paper, and have them enter
17 information from an interview with the case into the
18 platform.

19 And then that information would include the
20 names and contact information for anyone they might have
21 exposed while they were contagious, and then those
22 considered contacts would also be assigned out to
23 investigators to notify those contacts that they had
24 been exposed.

25 Q. Did the County ultimately decide at this time

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1 to not use Dimagi and instead use CalCONNECT?

2 A. Yes. I know that we went live with CalCONNECT
3 at the end of May. I don't remember exactly at what
4 time we made the decision to make that transition.

5 Q. Okay. Why did the County choose not to use
6 Dimagi?

7 A. The best I remember is that the benefits of
8 switching to the CalCONNECT system were: (1) that it
9 was already integrated with CalREDIE, which we were
10 required to use and which was already set up to ingest
11 automatic information from laboratories; (2) it was
12 supported by the State and as best we anticipated at the
13 time.

14 And what did happen is it was adopted by, I
15 believe, all, if not nearly all, California
16 jurisdictions, which also allowed us to, you know, pass
17 a case between jurisdictions if somebody turned out to
18 actually live in a neighboring county or to notify a
19 neighboring jurisdiction if we -- a case in our county
20 had exposed a contact in their jurisdiction. So it
21 allowed interoperability throughout California.

22 Q. So, just to be clear, you believe that CalREDIE
23 was adopted by all jurisdictions in California?

24 A. CalCONNECT.

25 Q. Or CalCONNECT.

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1 A. Or nearly all.

2 Q. Do you know who created CalCONNECT?

3 A. Who created it? My best understanding is a
4 large team across California. Department of Public
5 Health gave input to create it, but we were also offered
6 the chance to give input to the State of California
7 about changes needed that they would utilize to change
8 it or adopt it -- adapt it.

9 Q. But, I mean, I'm assuming CalREDIE had to have
10 been invented by someone; correct?

11 A. I'm sorry. Can I ask you to clarify if you
12 mean CalREDIE or CalCONNECT?

13 Q. I'm sorry.

14 A. Confusing to us too sometimes.

15 Q. Let's go back to CalCONNECT.

16 A. Yes.

17 Q. I'm getting the two mixed up.

18 Who invented CalCONNECT?

19 A. I don't know. What I do understand is it is
20 built on a platform made by the company Salesforce, and
21 so I think it was an existing data product for housing
22 data of any kind that was then adapted with input from
23 the State Health Department to serve the contact tracing
24 purpose.

25 Q. Uh-huh. Do you know if CalCONNECT was invented

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1 by multiple people?

2 A. I -- I don't know.

3 Q. Was it invented by anyone -- was it invented by
4 a public health officer?

5 A. Can I ask you to clarify what you mean by
6 "invented"?

7 Q. Who created it? I mean --

8 A. Uh-huh.

9 Q. -- someone had to have had the idea to put
10 together this technology; right?

11 A. Right. So, yes, my best understanding --

12 MR. WALL: Objection to the extent it calls for
13 speculation.

14 But you can answer, Dr. Rudman.

15 THE WITNESS: Okay.

16 So -- yeah. My understanding is the technology
17 existed -- and this is my personal understanding because
18 I don't work for either Salesforce or the State: That
19 the technology existed because it was technology for
20 collating data and sharing it with people in a secured,
21 protected way.

22 And then the State -- I don't have knowledge
23 who had the idea or refined the idea or executed the
24 idea, but it was the State of California Public Health
25 Department who said we will use this technology for this

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1 purpose and gave input to set it up to be used for that
2 purpose.

3 Does that answer your question?

4 BY MS. GONDEIRO:

5 Q. Yes.

6 A. Okay.

7 Q. That's helpful.

8 Do you know why other jurisdictions in
9 California decided to use CalCONNECT and not Dimagi?

10 A. I don't know the decision-making process in
11 other jurisdictions.

12 Q. So before May, before you guys implemented
13 CalCONNECT, just to be clear, you didn't really have
14 a -- a -- or did you have a technology platform to help
15 you investigate cases?

16 A. For that brief period just prior to CalCONNECT,
17 we did have the option of using Dimagi.

18 Q. Did you use Dimagi?

19 A. I believe we were live in it for about two
20 weeks, so for a very short period.

21 Q. Okay. So before Dimagi, though --

22 A. Uh-huh.

23 Q. -- were you primarily using a manual system
24 to --

25 A. Yes.

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1 Q. Okay. And so that manual system, then, was put
2 in place from the end of January to April?

3 A. Yes. But as I tried to say, we effectively
4 stopped using it for the purpose of what I consider
5 contact tracing, which is documenting the name and
6 information for everyone who has been exposed and trying
7 to reach them, when we reached that threshold where we
8 felt that we couldn't keep up with the volume needed for
9 that. And, again, my best memory is I think that was
10 early March, but I don't recall exactly.

11 Q. So then what did you start using after March?

12 MR. WALL: Objection. Asked and answered.

13 THE WITNESS: I'm sorry. Do I --

14 BY MS. GONDEIRO:

15 Q. If you stopped using the manual system that
16 you're referring to, what did you use after March?

17 MR. WALL: Objection. Asked and answered.

18 Dr. Rudman, if I don't tell you not to answer
19 the question --

20 THE WITNESS: Okay.

21 MR. WALL: -- you should just answer after my
22 objection.

23 THE WITNESS: Okay.

24 MR. WALL: I apologize.

25 THE WITNESS: That's okay.

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1 Yeah, we -- I would say we were not doing
2 contact tracing, as I define it, from whenever that
3 period is in, I think, March until May.

4 BY MS. GONDEIRO:

5 Q. Okay. So back to the PowerPoint. The first
6 PowerPoint in this Case Investigation and Contact
7 Tracing, it reads, "Currently, we have capacity to
8 investigate 25 new cases a day."

9 Was that because the County had this new
10 technology --

11 A. The --

12 Q. -- the CalCONNECT?

13 A. It -- it may have been, in part, because of
14 that, yes.

15 Q. Well, what would have also contributed to the
16 County being able to investigate 25 new cases a day?

17 MR. WALL: Objection. Vague as to time frame.

18 This is an excerpt from a presentation that has
19 a date.

20 MS. GONDEIRO: Yes. I think earlier Ms. Rudman
21 had testified that she believed this -- this PowerPoint
22 presentation was put together probably around May.

23 BY MS. GONDEIRO:

24 Q. Is that correct, Dr. Rudman?

25 A. That's my best memory of when these types of

1 decisions were either happening or coming to fruition.

2 If you're -- am I able to ask what the date is,
3 like, you know, if there are pages from this PowerPoint
4 I can't see? Was there a date on it that would help me
5 answer the questions?

6 Q. Okay. I don't think there's a date on this
7 PowerPoint, but to the best of your recollection, you
8 believe it was sometime around May?

9 A. I think so.

10 MR. WALL: There is a date on this PowerPoint.
11 It's at page 44 of the County's production.

12 MS. GONDEIRO: Okay.

13 MR. WALL: I can tell you what it is, if you
14 want, but if you don't want -- if you want the witness
15 to testify without the date --

16 MS. GONDEIRO: Yes. If you know the date,
17 I'm --

18 MR. WALL: Sure. It's a presentation to the
19 County of Santa Clara Board of Supervisors meeting,
20 May 5th, 2020.

21 MS. GONDEIRO: Okay.

22 THE WITNESS: Okay. Thank you.

23 BY MS. GONDEIRO:

24 Q. So I'm going to just try to go back and repeat
25 my last question.

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1 A. Uh-huh.

2 Q. So what enabled the County at this time, in
3 May, to be able to investigate 25 new cases a day?

4 A. My best memory is it may have been a
5 combination of the Dimagi system to document into, the
6 data that would already be coming into CalREDIE via the
7 mechanisms I described, and the assignment of staff to
8 help with those investigations.

9 MS. GONDEIRO: Can you please scroll down?

10 Oh, wait. No. Up. Up a little.

11 BY MS. GONDEIRO:

12 Q. So on the next page --

13 EXHIBIT TECHNICIAN: Down further?

14 MS. GONDEIRO: No. That -- this is perfect.

15 EXHIBIT TECHNICIAN: Okay.

16 BY MS. GONDEIRO:

17 Q. -- it reads, "The expanded team will likely
18 include approximately 1,000 team members, but we will be
19 continuing" -- "continuously assessing staff needs," and
20 then it lists different -- or additional -- additional
21 employees.

22 So were -- was this expanded team put into
23 place to help investigate more cases every single day?

24 A. Yes.

25 MR. WALL: Objection. Assumes facts.

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1 And, Dr. Rudman, if you would give just one
2 second after the question so I have a chance to make my
3 objections and we don't talk over each other and make
4 the court reporter's job impossible.

5 MS. GONDEIRO: Sure.

6 How about, just to be smooth here, can you just
7 repeat my question -- or can you read off my question?

8 Then, Robin, you can object.

9 MS. GONDEIRO: Thank you. Thank you, Mariah.

10 (Record read.)

11 MR. WALL: Objection. Assumes facts.

12 And you can answer, Dr. Rudman.

13 THE WITNESS: Yes, we -- we put in place an
14 expanded team to respond to increasing cases.

15 BY MS. GONDEIRO:

16 Q. But just to be clear, this expanded team was
17 not put in place -- was not in place prior to May?

18 A. Correct.

19 Q. What is the role of the program and project
20 managers?

21 A. So at the time that I remember this information
22 being shared, our vision for that role was overseeing
23 everything from the onboarding of a contractor and a
24 cadre of volunteers to support this work, vetting them,
25 training them, supervis- -- or supervising their

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1 supervisors as well as setting up the systems -- in this
2 case, the transition into CalCONNECT -- that would allow
3 this team to operate. And -- and we did carry that out.
4 Whether it was three program or project managers varied
5 throughout the period that we were doing this work.

6 Q. Did the County have three project managers
7 starting in May, or did they ultimately employ more
8 project managers?

9 A. People with the exact title "project manager"
10 would have varied throughout the, you know, two years
11 after this.

12 At the time, my best memory is there were two
13 people with the title of project manager, and we ended
14 up utilizing the contractor described here. Heluna
15 Health had their own project manager who was sort of a
16 complement to that leadership structure.

17 So at that time, yes, there were three, and
18 then the exact roles evolved later.

19 Q. What was the role of the team clinicians?

20 A. That also varied, to some extent, throughout
21 the use of this Case Investigation and Contact Tracing
22 infrastructure. In general, we felt that there -- there
23 could be a wide number of questions that could come from
24 the cases or contacts that we were asking the staff to
25 call that would be outside their expertise. And we

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1 would want somebody with anywhere from a nurse to a
2 physician level of clinical knowledge to be able to
3 answer those questions and ensure they're accurate.

4 Specific use cases I remember we had in mind at
5 this point was, for example, helping decide whether
6 somebody's symptoms, in the context of their medical
7 history, meant that they could leave isolation after
8 being sick or not or whether somebody's symptoms, as a
9 contact, were worrisome that they should test or not.
10 Those types of clinical advice or interpretation that
11 was beyond the scope of our -- our general contact
12 tracers.

13 Q. Were the team clinicians volunteers, or did you
14 have to employ 140 new clinicians?

15 A. So my best memory is our clinician team never
16 actually reached anywhere near 140. This was our best
17 estimate at the time of what the breakdown of different
18 roles would look like. The actual eventual team was
19 somewhat different; and, in particular, the team
20 clinicians were many fewer. I don't remember exact
21 numbers but on the order of 20 to 40 at various times.

22 Q. Okay.

23 A. That was a mix of volunteers, reassigned County
24 staff members who were designated as disaster service
25 workers and assigned to this role, and I believe there

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1 may have been a number of individuals hired to serve in
2 this role.

3 Q. Were the project managers volunteers?

4 A. The -- the individuals I can remember who
5 served in the project manager role, no. Two were county
6 employees redirected to this work; and then one, as I
7 mentioned, was a contractor for Heluna Health, served as
8 project manager on their side.

9 Q. What is Heluna Health?

10 A. As best I understand, a -- an entity that
11 serves as a -- what's the word I'm looking for? --
12 public health staffing agency. So I was familiar with
13 them prior to this because there were specific
14 individual roles at the State Health Department that
15 were filled by Heluna Health staff. But this was my
16 first direct interaction with them as an entity, and we
17 utilized them to -- as a contractor to hire and
18 supervise both the -- a large number of the contact
19 tracer team members as well as the leads.

20 Q. So the County paid Heluna Health to --

21 A. Yeah. Yes.

22 Q. -- help them with the system?

23 A. Yes.

24 Q. Where is Heluna Health located?

25 A. I actually don't know where their sort of base

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1 of operations is.

2 Q. Do you know who directs Heluna Health or who is
3 in charge of Heluna Health?

4 A. I -- I don't know the ultimate leadership
5 structure. Yeah, we had specific leaders that we were
6 working with in the organization.

7 Q. Who were the specific leaders in the Heluna
8 Health organization that you were working with?

9 A. Our primary contact was someone named Peter
10 Dale, and I believe his title was chief project officer.
11 And then our other primary point of contact was when
12 they hired that project manager shortly after initiating
13 the contract, and her name was Sara Stahlberg.

14 Q. Sara -- sorry. Can you repeat the last name?

15 A. Last name is Stahlberg, S-t-a-h-l-b-e-r-g.

16 Q. Did any -- are you aware if anyone else -- any
17 other local agencies used Heluna Health or relied on
18 Heluna Health throughout the COVID-19 pandemic?

19 MR. WALL: Objection. Vague. And to the
20 extent it calls for speculation.

21 THE WITNESS: Can I ask you to repeat the
22 question, please?

23 BY MS. GONDEIRO:

24 Q. Are you aware if any other local agency in the
25 state of California relied on Heluna Health during the

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1 COVID-19 pandemic?

2 A. I know that others did but not to what extent.
3 For example, I was recently interacting with a physician
4 who mentioned that she was hired by Heluna Health to
5 support San Francisco's COVID response, but I don't know
6 how indicative that might be of other jurisdictions'
7 interactions with them.

8 Q. And who was that physician?

9 A. Oh, her name is Dr. Yeuen Kim.

10 Q. Doctor what?

11 A. Her last name is Kim, K-i-m, and first name is
12 Yeuen, Y-e-u-e-n.

13 Q. And where --

14 MR. WALL: Mariah, we've been going for about
15 an hour.

16 MS. GONDEIRO: Okay.

17 MR. WALL: So if we could take a break soon.

18 MS. GONDEIRO: Sure. This is the last
19 question.

20 BY MS. GONDEIRO:

21 Q. Where does she work again?

22 A. Oh, I actually don't know where she's working
23 right now. It was an interaction in which I was aware
24 that she had previously worked for Heluna --

25 Q. Okay.

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1 A. -- in collaboration with San Francisco.

2 MS. GONDEIRO: Yes, we can stop here.

3 MR. WALL: Thanks, Mariah.

4 THE WITNESS: Thank you.

5 (Recess taken from 10:18 a.m. to 10:35 a.m.)

6 MR. WALL: Mariah, we're ready to go back on
7 the record whenever you're ready.

8 MS. GONDEIRO: Yes, I'm ready.

9 Court Reporter, can you please remind me where
10 we left off?

11 THE REPORTER: Sure.

12 (Record read.)

13 MS. GONDEIRO: Okay.

14 BY MS. GONDEIRO:

15 Q. Dr. Rudman, did Santa Clara County hire 680
16 case investigators on or around May of 2020?

17 A. No.

18 Q. Do you know what the number was?

19 A. So we eventually got to a total population --
20 you know, members of these teams, between the leads and
21 the investigators, approaching 900 over a couple of
22 months. But it was a mix of Heluna Health employees --

23 Q. Okay.

24 A. -- redirected existing County employees,
25 redirected State employees who were being utilized in

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1 their disaster service worker capacity and lent out to
2 various counties, and a group of volunteers.

3 Q. Okay. Did the County have to pay for
4 additional workers to conduct their case investigations?

5 A. Yes, via their contract with Heluna Health.

6 Q. Did the County hire 68 additional new data
7 entry support staff --

8 A. No.

9 Q. -- on or around May of 2020?

10 A. No.

11 Q. How many?

12 A. We both discovered we didn't need that many
13 people devoted purely to data entry. I think at our
14 peak, over the next year, we probably had up to 25 or
15 30 people supporting various elements of data entry and
16 data cleaning. But that, again, was a mix of, I think,
17 mostly redirected County staff and potentially some
18 Heluna staff or redirected State workers.

19 Q. Okay. Did the County hire two epidemiologists?

20 A. My best memory is we received one
21 epidemiologist funded by the CDC Foundation. So this
22 was not hired by the County but by an outside
23 foundation.

24 Q. Who is in charge of the CDC Foundation?

25 A. I don't know.

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1 Q. Why did the CDC Foundation decide to hire an
2 epidemiologist for this county?

3 MR. WALL: Object to form.

4 THE WITNESS: I -- I don't know the internal
5 processes of CDC Foundation, but my understanding is we
6 were one of a number of locations in the country where
7 they hired and sort of assigned epidemiologists or other
8 roles to support our activities.

9 BY MS. GONDEIRO:

10 Q. Okay. So they were -- the CDC Foundation was
11 particular in who they assign epidemiologists for?

12 A. I -- I --

13 MR. WALL: Object to form.

14 THE WITNESS: Oh.

15 I don't know how that process worked.

16 BY MS. GONDEIRO:

17 Q. Okay. Did the County seek external funding to
18 help fund their contact tracing system on or around May
19 of 2020?

20 A. Seek external funding? I don't believe so, no.

21 Q. Well, the County had to hire additional staff;
22 correct?

23 A. Yes, with the distinction that they were
24 technically not County staff but contractors via Heluna.

25 Q. Okay. Was your -- was the County's contact

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1 tracing system that began on or around May of 2020 used
2 as a template for other governmental entities in
3 California?

4 MR. WALL: Object. Object to form.

5 You can answer.

6 THE WITNESS: I don't know.

7 BY MS. GONDEIRO:

8 Q. Okay. Did other local jurisdictions seek
9 Santa Clara County's advice as to how to implement their
10 contact tracing system?

11 A. Yes. My -- I don't remember specific
12 instances, but I know that, for example, we were asked
13 to -- to share at a statewide discussion how our system
14 worked.

15 Q. Okay. When was that statewide discussion?

16 A. I don't remember.

17 Q. Do you know the general time frame of when that
18 discussion would have occurred?

19 A. No. I can't remember.

20 Q. Was it in 2020?

21 A. It may have been late 2020 or early 2021.

22 Q. Okay. So I'd like you to kind of just explain
23 to me how the case investigation works.

24 So what happens when the County receives a
25 reported COVID-19 case -- or what happened starting in

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1 May of 2020?

2 A. Sure. So those reports usually came in to
3 CalREDIE via the preexisting system where laboratories
4 can send a positive test result for a certain disease
5 into CalREDIE. We had staff related to that data entry
6 team who would review that positive test, confirm that
7 it was somebody who lived in Santa Clara County and that
8 it was a new incident of COVID-19 and not somebody who
9 was testing for a second or third time after their
10 diagnosis, and then transfer that data into CalCONNECT.
11 This was via a system the State had set up that allowed
12 the two databases to talk to each other.

13 That case coming into CalCONNECT would then be
14 assigned by that group of team leads to an individual --
15 first to a team and then, by their lead, to an
16 individual case investigator who would, using the
17 contact information that came out with that case report,
18 try to contact the case and say, first, "Are you aware
19 that you've been diagnosed with COVID-19?" assess
20 whether they had immediate, especially emergent, health
21 needs, and did they need assistance getting health care
22 or other, you know, support services like emergency
23 housing or food or rental support.

24 We would ask a series of questions to try to
25 collect basic information about their demographics and

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1 the circumstances of their COVID case, and then we'd
2 collect information on anyone they may have had close
3 contact with during the period we think that they were
4 contagious.

5 All of that information was documented in
6 CalCONNECT, and then we'd conclude that call by offering
7 them the instructions for isolation to help prevent
8 further spread of their disease while they're
9 infectious.

10 Then the contact information that was
11 generated -- so let's say I said I was in contact with
12 Mr. Wall during the period I was contagious. There
13 would be a contact record created for Mr. Wall with his
14 phone number. That would be assigned to a different
15 investigator who would call the contact, notify them
16 that we believe that they were exposed to an active case
17 of COVID, provide them the instructions and
18 recommendations for quarantine when those applied, and
19 similarly offer them resources and information to help
20 respond to any immediate health or safety concern.

21 Q. So going back to the first case investigator --

22 A. Uh-huh.

23 Q. -- who was tasked -- or who was assigned to
24 talk to that person who -- who had COVID-19.

25 A. Yes.

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1 Q. What types of questions did that case
2 investigator ask the -- the person who was infected with
3 COVID-19?

4 A. The set of questions varied throughout the
5 pandemic. In general, they would always verify the
6 name, date of birth, sex and gender, address to make
7 sure it was really someone who lived in Santa Clara
8 County.

9 And then, throughout the pandemic, we collected
10 a range of information on things like were they
11 experiencing symptoms, when did the symptoms start,
12 verifying when they had tested positive, and, you know,
13 the severity of their illness, had they been
14 hospitalized, had they had certain complications.

15 And then again, varying throughout the
16 pandemic, there were sometimes questions asked about
17 places they might have gotten sick, especially settings
18 that might have had large groups of people together.
19 That might include their workplace, their school, or any
20 large gatherings they might have been part of.

21 And then, as I mentioned, collect -- and sort
22 of the primary focus was collect names and contact
23 information for anyone they might have had close contact
24 with during the period we believed they were contagious.
25 And that best understanding of what is close contact

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1 evolved during the pandemic as well.

2 Q. Were these lines of questionings memorialized
3 in any document or training material at any point before
4 May of -- or May of 2020?

5 A. I'm sorry. They wouldn't have been in any
6 documents prior to May of 2020.

7 Q. Okay. During May of 2020, was there any
8 training material?

9 A. Yes. Yes.

10 Q. Okay. Was there any other type of document
11 where these questions would have been memorialized?

12 A. So the -- the main place the questions lived
13 was built into the CalCONNECT system.

14 Q. Okay.

15 A. Part of what a case investigator would see when
16 they were assigned a new case is it would pop up,
17 "You've got a new case," say, "Dr. Sarah Rudman is your
18 case to call," and when they open the system in
19 CalCONNECT, it would show the information we'd already
20 received, including a phone number, but also the list of
21 questions that we were hoping for the case investigator
22 to collect.

23 Q. So as the case investigator is gathering all of
24 this information, how did the County ultimately
25 determine where they believed that person became

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1 infected with COVID-19?

2 MR. WALL: Objection. Assumes facts.

3 THE WITNESS: So the County actually usually
4 did not -- I'm not sure I have your words exactly --
5 confirm the location where somebody contracted COVID
6 both because that was not the primary focus of this
7 contact tracing effort but, instead, to focus on who
8 might not yet be sick but be exposed and respond to
9 those folks' needs and safety but also because of the --
10 the limita- -- several limitations in collecting
11 information and understanding how -- where somebody
12 might have gotten sick.

13 BY MS. GONDEIRO:

14 Q. So the goal of the contact tracing system that
15 was implemented in or around May of 2020 was -- was more
16 of a preventive measure. You wanted to prevent more
17 people from getting sick; is that correct?

18 A. Yes.

19 Q. But I guess I'm a little bit confused because
20 you ultimately have traced cases to various industries;
21 correct?

22 A. I actually would say no, or at least it's
23 extremely rare, especially among the thousands and
24 millions of cases we've -- well, thousands -- hundreds
25 of thousands in Santa Clara County, to have actually

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1 traced where an individual got sick.

2 So -- so, yeah, I would disagree. I would
3 say -- so, no, for the vast, vast majority of cases, we
4 did not ever trace, meaning, I think as you're using it,
5 come to an agreed understanding of where they contracted
6 COVID.

7 Q. Okay. Did the County, starting in May of 2020,
8 keep track of the different reasons why someone may have
9 contracted COVID-19?

10 A. Can you say what you mean by reasons they
11 contracted?

12 Q. Okay. I'll be more specific.

13 Starting in May of 2020, did the County keep
14 track of when they -- when they were investigating
15 cases, did they ask questions like, "Were you wearing a
16 mask?"

17 A. There were various times in the pandemic where
18 we asked that question; but, in general, it was not
19 actually a standard question asked of all cases. And
20 for the majority of the pandemic, when we were doing
21 contact tracing, we often did not go into that level of
22 detail.

23 Q. Why would the County not ask whether that
24 person who contracted COVID-19 was not wearing a mask?

25 MR. WALL: Objection. Assumes facts.

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1 Incomplete hypothetical. And to the extent it calls for
2 speculation.

3 But, Dr. Rudman, you can answer the question.

4 THE WITNESS: So there were times and
5 situations when we would have assessed whether someone
6 was wearing a mask and times when we didn't, and the
7 reasons why we might not have might have been varied.

8 But I would reiterate that the primary
9 objective of those conversations was prevention of
10 future cases. So we did, to that end, for example,
11 counsel people on the importance of wearing masks
12 once -- now that we knew that they were sick or had been
13 exposed and were likely to get sick.

14 BY MS. GONDEIRO:

15 Q. Starting in May of 2020, can you describe the
16 circumstances where the County was direct- -- or the
17 case investigators would have been directed to ask
18 whether that person was wearing a mask?

19 A. The only instance that comes to mind right now
20 where I remember directing -- or knowing that staff
21 members were directed to ask about masking, sort of
22 retrospectively, was during a period -- I think it was
23 around November to Jan- -- November 2020 to January '21
24 when we were specifically trying to focus -- trying to
25 understand better about where people were going in the

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1 period before they got sick.

2 And in that process, we had a subset of
3 investigators with a subset of cases who were asking,
4 "For each of those places you went or interactions you
5 had, do you remember whether you wore a mask or not?"

6 Q. Okay. Prior to November of 2020, did the
7 County case investigators ask if someone was wearing a
8 mask who may have contracted COVID-19?

9 A. There may have been specific questions at
10 various times that were followed up by whether someone
11 was masked, but I don't remember exactly how that was
12 embedded into the case investigation interview script or
13 at what times it might have been utilized or not.

14 Q. Can you remind me? You are the -- you were
15 the -- you were in charge of the COVID-19 contact
16 tracing system; correct?

17 A. Yes. For the period from June to -- June 2020
18 to December 2020.

19 Q. Okay. During that time period, did you direct
20 contact investigators at all times to ask whether
21 someone was wearing a mask who may have contracted
22 COVID-19?

23 MR. WALL: Objection. Asked and answered.

24 But you can answer the question, Dr. Rudman.

25 THE WITNESS: Thank you.

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1 I -- I don't remember giving that specific
2 general directive to the entire team or for all cases.

3 MS. GONDEIRO: Okay. We can go on to the next
4 exhibit.

5 EXHIBIT TECHNICIAN: Moving down or to 31?

6 The next page, you mean?

7 MS. GONDEIRO: Oh, sorry. 31.

8 EXHIBIT TECHNICIAN: 31. Okay.

9 (Exhibit 31 was marked for identification.)

10 MS. GONDEIRO: I'm going to try to get you out
11 early, Ms. Rudman.

12 THE WITNESS: Thank you.

13 EXHIBIT TECHNICIAN: Let me go ahead and take a
14 moment just to put the -- put that into the chat box
15 also.

16 MR. WALL: Thank you.

17 EXHIBIT TECHNICIAN: Yes. So I don't mess it
18 up here, I should do that first.

19 You should have it.

20 THE WITNESS: I have it open. Thank you.

21 EXHIBIT TECHNICIAN: Yeah. Let me just put
22 this up here.

23 MS. GONDEIRO: Are you able to put it on the
24 screen?

25 EXHIBIT TECHNICIAN: Yes, I am.

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1 MS. GONDEIRO: Okay.

2 EXHIBIT TECHNICIAN: I am, yes. I'm sorry.

3 Just having to get to the right server here.

4 There we go. Let me just share it.

5 Okay. There you go.

6 BY MS. GONDEIRO:

7 Q. Ms. Rudman, did you put together these
8 Santa Clara County Daily Case Counts graphs?

9 A. No.

10 Q. Who -- who put these graphs together?

11 A. There was a team called "the situational
12 analysis branch." And so, best of my understanding,
13 they are responsible for putting together documents like
14 this one and so I assume this one as well.

15 Q. Okay. So starting in or around March -- or May
16 of 2020, did the -- did the County put together a
17 situational analysis branch for the specific reason of
18 recording daily case counts in Santa Clara County?

19 A. No, that's not quite right.

20 Q. Okay. When did the County put together the
21 situational analysis team?

22 MR. WALL: Objection. Out- -- I think it's
23 outside the scope.

24 But you can answer the question, Dr. Rudman.

25 THE WITNESS: My best memory is there's been

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1 some version of the situational analysis branch since
2 potentially as early as February of 2020, but I don't
3 remember exactly.

4 BY MS. GONDEIRO:

5 Q. What was the -- did -- was the situational
6 branch a branch of the Santa Clara County Public Health
7 Department?

8 A. This also would have evolved during the
9 pandemic. There may have been portions at which this --
10 there was a situational analysis branch within the
11 Public Health Department's response and a portion of
12 which it might have been the entire County's response
13 had its -- a situational analysis branch with
14 individuals who -- whose daily work reported to the
15 Public Health Department.

16 Q. Okay. So I'm just trying to understand what
17 these different words mean here. So the light -- the
18 light yellow is "LTCF-Resident."

19 Can you tell me what that represents?

20 A. That's an abbreviation we use for long-term
21 care facility.

22 Q. Okay.

23 A. And so, presumably, residents in long-term care
24 facilities.

25 Q. Okay. So then the yellow in the graph

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1 represents the percentage of cases that were traced to
2 residents in long-term care facilities?

3 A. I would say no. These were individuals who
4 were, at the time of their diagnosis, residents in
5 long-term care facilities. The assessment of whether --
6 whether we would say that they were traced to or got
7 sick because of that status is more complicated and may
8 not necessarily apply.

9 Q. Okay. What does "Other Outbreak" encompass?

10 A. Again, depending on the time of this -- and I
11 assume maybe late August 2020 based on the date here --
12 I -- I don't recall exactly what definition we might
13 have been using or the situational analysis branch might
14 have been using for this graph. They may have been
15 cases who did not live or work in a long-term care
16 facility but had been linked to a cluster in some other
17 setting -- any other setting, I believe.

18 Q. What do you mean by "cluster"?

19 A. So this would be where, even in the absence of
20 being able to prove, for example, that somebody got sick
21 in a school or at their workplace, there were so many
22 cases associated with their school or workplace without
23 specific other more likely places they got sick that we
24 presumed and clustered them together as most likely
25 considered an outbreak.

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1 And at various times throughout the pandemic,
2 there were specific definitions of the number of cases
3 that would meet a threshold as an outbreak, usually set
4 by the State Public Health Department.

5 Q. So the number that was -- that determined
6 whether it was an outbreak changed throughout the
7 COVID-19 pandemic?

8 A. Yes.

9 Q. Why is that?

10 A. I can't speak to the exact decision-making for
11 California Department of Public Health when they were
12 setting these thresholds, or, at times, I think CDC was
13 making recommendations about these thresholds.

14 My sort of professional understanding is that,
15 depending on the setting, there may be different
16 likelihoods that people could get exposed outside the
17 setting versus inside it. So, for example, in a
18 long-term care facility, for a resident, most residents
19 in long-term care facilities rarely leave that setting.

20 So when you have a small number of cases in
21 that setting, it's likely that most of them got sick
22 there --

23 Q. Uh-huh.

24 A. -- and we can feel pretty confident saying
25 there's likely spread happening in this setting. Or

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1 sometimes we knew that someone had literally not left
2 the setting at all for the entire period when they could
3 have gotten sick, so we feel quite confident saying they
4 got sick here.

5 For other settings like a school or a worksite,
6 people come in and out of it, and you may need a higher
7 number of cases associated with that setting to feel
8 confident there's spread happening there as opposed to
9 it's just a group of people who just as likely might
10 have gotten sick at home but happen to work together.

11 Q. Okay. And what did "Community," which is the
12 dark blue -- what did that encompass?

13 A. My best memory from this time is it would have
14 been everyone else.

15 Q. Okay.

16 A. So, as I was describing before, it was
17 incredibly hard and much more rare than not that we
18 would actually feel like we could attribute a case to a
19 particular setting. And so here, the "Community" bucket
20 is describing everyone else where we don't know or
21 weren't able to ascertain where they were likely to get
22 sick or they weren't specifically known to be part of a
23 cluster under investigation.

24 Q. Okay.

25 MS. GONDEIRO: Okay. We can move on to

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1 Exhibit 32.

2 (Exhibit 32 was marked for identification.)

3 BY MS. GONDEIRO:

4 Q. Dr. Rudman, does this graph look familiar?

5 A. Not specifically, no.

6 Q. Okay. Do you know who would have put together
7 a graph that reported cases based off of job titles in a
8 restaurant?

9 A. Very generally, the situational analysis branch
10 was responsible for creating visual representation of
11 our COVID data, but I don't know specifically for -- for
12 this analysis.

13 Q. So the -- this graph states different job
14 titles. Were these -- did the County have similar
15 graphs like this that depicted COVID-19 cases based upon
16 business types or business settings?

17 MR. WALL: Objection. Vague.

18 THE WITNESS: I'm aware of some graphs the
19 County had that represented COVID cases by business
20 types.

21 BY MS. GONDEIRO:

22 Q. Does the graph -- does the County have a graph
23 similar to this that keeps track of the reasons for
24 whether someone may have contracted COVID-19? For
25 instance, they were not wearing a mask or they were

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1 singing or they were in a large gathering.

2 A. I'm not aware of any graph or document that
3 would fit what you just described.

4 Q. Why would the County -- why did the County not
5 think to keep track of the different reasons why someone
6 may have contracted COVID-19?

7 MR. WALL: Objection. Assumes facts. Calls
8 for speculation.

9 THE WITNESS: So I would say the County
10 actually put extensive effort in trying to understand
11 where populations, in general, were getting sick or why,
12 modifiable things that people could do to prevent
13 getting sick.

14 MS. GONDEIRO: Uh-huh.

15 THE WITNESS: A lot of the information that we
16 had to base those understandings on was not specifically
17 coming from our own data collection but from national
18 publications, peer-reviewed journals, you know, expert
19 advice and sort of CDPH, California Department of Public
20 Health, and CDC recommendations.

21 But I would say that the County -- well, what I
22 would say is that we recognized and I, in my role
23 overseeing the contact tracing work, recognized that it
24 was incredibly difficult, if not often impossible, to
25 understand what single modifiable factor caused someone

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1 to get sick or could have prevented them to get sick.

2 MS. GONDEIRO: Uh-huh.

3 THE WITNESS: And, in general, it wasn't going
4 to be possible to attribute every illness to a single
5 modifiable factor; and, instead, that's why we focused
6 on advising multiple layers and methods of protection
7 for everybody.

8 BY MS. GONDEIRO:

9 Q. I understand why it would be difficult to
10 understand, like, the reason why someone got COVID-19.

11 But regardless of that, did the County have or
12 document anywhere -- keep a record for each individual
13 who contracted COVID-19, whether that person was singing
14 or whether that person was wearing a mask or whether
15 that person was in a large gathering or whether that
16 person --

17 A. Uh-huh.

18 Q. -- was outside or inside, those types of
19 questions?

20 MR. WALL: Object to form.

21 THE WITNESS: Do you mind if I just ask you to
22 repeat that question?

23 BY MS. GONDEIRO:

24 Q. Yes. I'll be more specific, and I'll just go
25 down the line.

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1 A. Uh-huh.

2 Q. So earlier you testified that you did not
3 specifically direct contact tracers to, at all times,
4 ask whether the person who contracted COVID-19 wore a
5 mask; is that correct?

6 A. I don't remember giving that general directive,
7 correct.

8 Q. Okay. Did you ever give a directive to the
9 contact tracers telling them to keep track of the
10 individuals who contracted COVID-19, whether they were
11 in an indoor setting where they were singing?

12 A. The nature of my directives would have been to
13 conduct the interview as described in CalCONNECT, and
14 what questions they would have asked would have been
15 varying throughout the pandemic based on what is in
16 CalCONNECT.

17 But to your question, I think there were
18 periods when one of the questions included, "Did you
19 attend a gathering?" I don't recall whether there were
20 any follow-up questions that assessed things like
21 whether singing was happening at that gathering.

22 Q. Okay. At what point during the COVID-19
23 pandemic were contact tracers directed to ask whether
24 they were in a gathering?

25 A. I believe the question was included in the

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1 CalCONNECT script and sort of list of questions I think
2 as early as May and I think maybe continues to this day
3 to be there. There were periods during the pandemic
4 where we created lists of highest priority questions --

5 Q. Uh-huh.

6 A. -- that, again, were much more focused on
7 preventing spread of COVID.

8 Q. Uh-huh.

9 A. So focused on who might you have exposed and
10 preventing complications of COVID: "Do you need
11 assistance with health care right now?"

12 So during those periods, especially during the
13 winter of 2020 to 2021, I believe folks may have been
14 directed to ignore that question or to not spend time
15 focused on it in order to prioritize other questions.

16 Q. Okay.

17 A. So I think throughout the entire existence of
18 the contact tracing, folks were generally directed to
19 complete the interview that included that question but,
20 at times, were advised to not focus on it or skip it if
21 they needed to focus on other questions.

22 Q. Okay. Beginning on or around March of 2020,
23 how often did you consult with Dr. Cody regarding the
24 locations of COVID-19 cases?

25 A. Consult with her regarding the locations? Can

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1 I ask what you mean by consult with her regarding the
2 locations?

3 Q. Did you -- did you guys have periodic meetings
4 with each other, starting in March of 2020, where you
5 were discussing where you believed COVID-19 cases were
6 occurring?

7 A. Not specifically. We did have recurring
8 meetings to discuss -- and not just the two of us but
9 various groups of members of the COVID response --
10 during which one of the topics may have been at almost
11 any time where -- where we thought COVID transmission
12 was happening, either locally or where we understood
13 nationally or internationally new data to suggest where
14 it could be happening.

15 Q. When did you start having these discussions
16 with Dr. Cody and others?

17 A. The discussions in which we might have dis- --
18 like, one of the items that might have come up would
19 have been where transmission is happening, could have
20 started as early as January of 2020. Yeah, we had
21 near-daily briefings for almost the entire pandemic.
22 And if at any point anybody had a question about or a
23 specifically notable example of transmission in a
24 setting, that might have become a topic of discussion.

25 Q. Starting on or around January, when these

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1 discussions started happening, did the County use this
2 information to target their COVID-19 orders towards the
3 business sectors where they believed to be the most
4 risky?

5 MR. WALL: Objection. Beyond the scope of the
6 designated topics for this 30(b) (6) witness.

7 Dr. Rudman, you can answer the question.

8 THE WITNESS: Okay. So I wasn't the ultimate
9 decision-maker in what the orders entailed, and I don't
10 know when -- when I was asked for particular
11 information, when Dr. Cody might have specifically
12 utilized it.

13 MS. GONDEIRO: Uh-huh.

14 THE WITNESS: Actually, can I ask you to repeat
15 the question to see if I have anything to add to that?

16 BY MS. GONDEIRO:

17 Q. So I was asking, starting in January of 2020,
18 the information that you guys were gathering
19 regarding -- through your contact tracing efforts, did
20 you use this information to target the -- the County
21 COVID-19 public health orders towards the business
22 sectors where you believed were the most risky?

23 MR. WALL: Same objection.

24 THE WITNESS: So, yeah, I'll reiterate. I was
25 not the decision-maker for how the County orders were

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1 structured or any of the details within them. And I
2 don't know, of any of the information I provided, how it
3 would have been specifically used to create those
4 orders.

5 But, in general, sort of my professional
6 knowledge tells me that when we make decisions about
7 what activities are -- certainly, to the extent of a
8 legal order, are going to be protective for health, it
9 may include anything from local understanding of where
10 disease is being transmitted but also national data or
11 published data or expert opinion or sort of pure
12 scientific data about how we understand the disease to
13 spread that might be extrapolated to -- to various
14 settings.

15 So any of those may have been utilized in some
16 of the decision-making.

17 BY MS. GONDEIRO:

18 Q. During the COVID-19 pandemic, did you ever have
19 discussions with anyone on the County's enforcement team
20 as to where you believed the COVID-19 outbreaks were
21 occurring?

22 A. It was not usually within my role to talk
23 directly to the enforcement team. Yes, I think I can
24 remember one or two instances where I was sort of
25 covering for other team members where I may have spoken

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1 to them directly about specific clusters or locations of
2 concern.

3 Q. Sure.

4 But, generally, it wasn't part of your duty to
5 have periodic conversations with the enforcement team
6 for Santa Clara County --

7 A. No.

8 Q. -- as it related to COVID-19?

9 A. No, it was not.

10 Q. Why -- why were you not -- why was it not part
11 of your duty to talk with the enforcement team regarding
12 where you believed COVID-19 outbreaks were occurring?

13 MR. WALL: Object to form.

14 THE WITNESS: Why was it not part of my duty?
15 Well, I'll explain it. My duties were to create, build,
16 sustain, you know, adapt the system that performed the
17 contact tracing mission I described, which was collect
18 some basic data, put them into the centralized database
19 of CalCONNECT around cases, and then focus on getting
20 those folks who were sick the resources they need,
21 understanding who was exposed, and getting those
22 contacts to be aware of their exposure and understand
23 steps to protect their health.

24 In the context of building that system, there
25 were various times in which -- well, there was not a

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1 direct link between creating that system and the
2 enforcement process. Not being part of this process, my
3 understanding that that enforcement process was
4 complaint-driven, was not specifically driven by the
5 contact tracing data collection.

6 And so because I was not part of the complaint
7 process, I wasn't part of the chain of conversation of
8 notifying enforcement or working with them.

9 BY MS. GONDEIRO:

10 Q. At any point during the COVID-19 pandemic, did
11 you have any role in -- as it relates to COVID-19
12 enforcement?

13 A. Not -- yeah. Not that I can think of, no.

14 MS. GONDEIRO: Okay. We can go to Exhibit 33.

15 What time is it?

16 (Exhibit 33 was marked for identification.)

17 BY MS. GONDEIRO:

18 Q. Dr. Rudman, does this graph look familiar?

19 A. Generally, yes. I am familiar with the fact
20 that we generated graphs like this one. I can see it's
21 Slide 4, and I don't know Slide 4 of what --

22 Q. Okay.

23 A. -- presentation.

24 Q. But, generally, you recall reviewing graphs
25 like this one that display the disparities of COVID-19

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1 cases by race/ethnicity?

2 A. Yes.

3 Q. Did the County put together these graphs
4 throughout the entire COVID-19 pandemic?

5 A. Yes.

6 Q. Okay. So starting at the beginning of the
7 COVID-19 pandemic, was there a pattern where
8 Hispanic/Latinos were reporting more COVID-19 cases than
9 other races and ethnicities?

10 A. It's -- the beginning of the pandemic is not
11 reflected on this graph, but my memory is --

12 Q. Yeah.

13 A. -- yes, from fairly early on, there was a
14 pattern in which the number of cases being reported
15 among Hispanic and Latinx residents was higher than
16 among other races and ethnicities.

17 Q. Okay. Do you recall the pattern being,
18 starting at the beginning of the pandemic, that
19 African-Americans were reporting more COVID-19 cases
20 than White ethni- -- the White? It says "White" here.
21 Caucasians.

22 A. I actually don't -- I want to amend my prior
23 sentence that I don't remember exactly at what point
24 rates may have been higher or case numbers may have been
25 higher among Hispanic and Latinx residents. So it

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1 was -- it was fairly early in 2020 and clearly predating
2 this graph, but I don't remember how early.

3 As to your second question, I also don't
4 remember specifically when we started seeing rates among
5 African-American community members to be higher than
6 among White community members. I do see from this
7 graph, and it matches what I remember, that that was
8 certainly the case by the winter of 2020.

9 Q. Okay. Did that -- did the trend continue
10 through early 2021 as well where you saw more COVID-19
11 cases or a higher rate of COVID-19 cases with
12 African-Americans than Caucasians?

13 A. In general, yes, but I -- I don't remember
14 specifically how much that may have fluctuated or if it
15 was always the case during the --

16 Q. Okay.

17 A. -- well, the rest of -- or up until now.

18 Q. Do you recall it being the pattern that the
19 rate of COVID-19 cases was greater among Hispanics and
20 Latinos in early 2021 than Caucasians?

21 A. It -- can you say what you mean by "early
22 2021"? It actually -- I think it fluctuated fairly
23 early on.

24 Q. Early 20- -- from January, let's say, to March
25 of 2021.

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1 A. Oh, '21. Thank you.

2 Q. Yeah, '21.

3 A. Yes, I do recall during that period that the
4 rates among Latinx community members was higher than
5 White community members.

6 Q. Did the County ever do an analysis or -- to
7 help them determine why the rate of COVID-19 cases was
8 greater among African-Americans and Hispanics than
9 Caucasians?

10 A. You know --

11 MR. WALL: Object to form. Outside the scope.

12 But you can answer the question, Dr. Rudman.

13 THE WITNESS: Yeah. I'll say it wouldn't have
14 been my purview to request such an analysis or an
15 analysis for that purpose.

16 To the extent -- again, more in my professional
17 opinion, what our understanding was and what data we
18 might have been trying to gather around this disparity,
19 it would have relied as much on our understanding of how
20 disease is spread, how COVID is spread, and the living
21 and working conditions of Hispanic and Latinx community
22 members compared to White community members that we
23 might have been relying on to understand this disparity.

24 But, yeah, I can't think of a specific analysis
25 or study that would fit what you described.

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1 BY MS. GONDEIRO:

2 Q. Was anyone in the County Public Health
3 Department in charge of trying to understand why the
4 rate of COVID-19 cases was greater among
5 African-Americans and Hispanics than Caucasians?

6 MR. WALL: Object to form and object to the
7 question as outside the scope of the designated topics
8 for this witness.

9 I'll just -- for shorthand purposes, I'll just
10 object on the -- as to outside the scope going forward,
11 and that will be the objection.

12 But, Dr. Rudman, you can answer the question.

13 THE WITNESS: Okay.

14 But I'm not aware of any role that I understand
15 to be dedicated to or include in their scope that
16 specific purpose.

17 BY MS. GONDEIRO:

18 Q. Do you understand why the rate of COVID-19
19 cases among African-Americans and Hispanics was greater
20 than Caucasians?

21 A. I think I have some general understanding of,
22 like, agreed-upon expert opinion that likely contributed
23 to it.

24 Q. What is that expert opinion?

25 A. So I think some of the things we know

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1 contribute to spread of COVID may include dense housing,
2 sort of number of people in a household; ability to
3 shelter in place or reduce movements outside the
4 household as it was either required or recommended
5 throughout the pandemic; and some factors based on
6 things like just age of a population and, therefore, how
7 likely they were to be in school or working or leaving
8 the home or not.

9 And my understanding of the -- some of those
10 same demographic features of our Latinx and
11 African-American communities in Santa Clara compared to
12 White and Asian communities would suggest that we may
13 see, for example, denser housing or more people in a
14 household in the average Latinx household than the
15 average White household or more people in service
16 professions who were required to leave the home to work
17 during the pandemic in Latinx and African-American
18 households compared to White households, or there may
19 have been more likelihood, for example, to be able to
20 adapt to working fully from home.

21 So I think -- I understand and I believe the
22 sort of expert opinion that those were factors that
23 impacted populations generally, and then I -- I believe
24 that they played out here in Santa Clara County.

25 Q. No, that makes sense.

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1 And so, just to be clear, you mentioned one of
2 the factors was the ability to shelter in place; right?
3

4 A. Uh-huh.

5 Q. When you said that, did you mean that the
6 Afri- -- a lot of people in the African-American and
7 Hispanic communities -- their work requires them to be
outside the home?

8 A. Yes, that was what I meant by that statement.

9 Q. Uh-huh.

10 A. Or work or family care requirements.

11 Q. Uh-huh. What efforts did the County make to
12 mitigate this disparity among COVID-19 rates?

13 A. Uh-huh. The --

14 MR. WALL: Objection. Outside the scope.

15 You can answer, Dr. Rudman.

16 THE WITNESS: Again, from -- it was not
17 specifically my role to oversee that work, but from
18 meetings I joined as a participant, discussions I joined
19 as a participant, my understanding is this was a major
20 focus of our activities throughout the entire pandemic.

21 And some of those activities would have
22 included the County -- not specifically the Public
23 Health Department but the County setting up increased
24 access to testing in communities that were
25 disproportionately Latinx and African-American; setting

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1 up vaccination sites, once that became available in
2 2021, in, again, neighborhoods that may have had more
3 Hispanic or Latinx community members; and also trying to
4 ensure that all of the resources, whether it was
5 information or health care or testing or eventually
6 vaccination, was available in Spanish and then, finally,
7 working with community groups to try to share
8 information and access to resources, especially with any
9 population that was being disproportionately impacted,
10 including Latinx and African-American communities.

11 BY MS. GONDEIRO:

12 Q. Throughout the COVID-19 pandemic, did
13 Santa Clara County experience more COVID-19 cases in
14 South San Jose than North San Jose?

15 A. Can you spec- -- I believe so, in general, but
16 I believe that varied throughout the pandemic.

17 Q. Okay. As you recall, when did the County
18 experience more COVID-19 cases in South San Jose than
19 North San Jose throughout the COVID-19 pandemic?

20 A. I don't know exactly when that inflection point
21 would be, but I believe it -- the pattern increased
22 throughout the pandemic such that that was more so
23 towards the later we got compared to very early.

24 Q. So later throughout the COVID-19 pandemic, you
25 saw a trend where more COVID-19 cases were being

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1 reported in South San Jose than North San Jose; is that
2 correct? Or -- yes.

3 A. I believe so.

4 Q. I think I accidentally also limited it to North
5 San Jose.

6 Was there a trend where you saw more COVID-19
7 cases in north -- in south Santa Clara County --

8 A. Ah.

9 Q. -- than north Santa Clara County throughout the
10 COVID-19 pandemic?

11 A. So I would reply to say the rates -- because
12 the population in South County, especially sort of
13 Gilroy/San Martin area, is less dense.

14 Q. Uh-huh.

15 A. But the rates -- the proportion of the
16 population being impacted by COVID was higher in
17 South County than North County, which I'm considering
18 north of San Jose. So exclusive of San Jose.

19 Yes, that's my understanding, is that
20 South County, for the majority of the pandemic, has been
21 experiencing higher rates than North County, but that
22 also varied throughout the pandemic.

23 Q. But, in general, did south Santa Clara County
24 experience higher rates of COVID-19 throughout the
25 COVID-19 pandemic?

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1 A. Higher than other parts of the County and
2 less -- and lower than some.

3 Q. Okay. Why did south Santa Clara County
4 experience higher rates of COVID-19?

5 MR. WALL: Objection. Beyond the scope.

6 You can answer the question, Dr. Cody.

7 THE WITNESS: I -- I don't know, but I -- I
8 would really just hypothesize that some of the same
9 features I described as impacting Latinx community
10 members could come into play with describing disparities
11 affecting South County versus North County, some of
12 those housing conditions as well as working and family
13 care responsibilities.

14 BY MS. GONDEIRO:

15 Q. Sure.

16 So I'm actually not familiar with Santa Clara
17 County or as much as you are.

18 Are there more Hispanics and African-Americans
19 in south Santa Clara County?

20 A. I actually don't know. Not than all areas of
21 the County, but I -- I don't know with respect to the
22 African-American population. That may be true with
23 respect to Hispanic/Latinx population.

24 MS. GONDEIRO: Okay. How long have we been
25 going?

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1 MR. WALL: About another hour. We could use a
2 break if you want to take one.

3 MS. GONDEIRO: Yeah, let's take a break.

4 (Recess taken from 11:35 a.m. to 11:52 a.m.)

5 MS. GONDEIRO: Are we ready?

6 MR. WALL: Dr. Rudman?

7 THE WITNESS: Yes. Thank you.

8 MS. GONDEIRO: Are we on the record?

9 THE REPORTER: Yes, we're back on the record.

10 MS. GONDEIRO: Okay.

11 Can you please turn to Exhibit 34?

12 (Exhibit 34 was marked for identification.)

13 BY MS. GONDEIRO:

14 Q. Dr. Rudman, do you see the exhibit?

15 A. Yes.

16 Q. Okay. Do you recall reviewing weekly special
17 investigation summaries?

18 A. Yes, I do.

19 Q. Okay. Did you assist in putting together these
20 weekly special investigation summaries?

21 A. In general, no.

22 Q. Who was in charge of that?

23 A. The ultimate responsibility would have lived
24 with the situational analysis branch. I was sometimes
25 asked for feedback on the final report: Would we like

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1 to see different information in the future?

2 Q. Okay. Were these special investigation reports
3 always sent to you?

4 A. To the best of my knowledge, yes, I was always
5 one of the recipients.

6 Q. Okay. And who else were they sent to?

7 A. I may not know everyone, and it also varied
8 throughout the pandemic. I believe Dr. Cody received
9 these. We sometimes had somebody in the title of EOC
10 director, emergency operations director, for the entire
11 county, coordinating public health as well as other
12 county response to COVID. They may have received this.

13 Q. And who would that person be in the Emergency
14 Operations Center?

15 A. It would have varied throughout the pandemic.
16 Most recently, it was Miguel Marquez, our chief
17 operating officer. I'm actually not -- not sure whether
18 they received these, but they may have.

19 Q. May have. Okay.

20 A. And then I believe individual team members on
21 either the contact tracing team or the special
22 investigations team would have received these as well.

23 Q. Every time you received these weekly special
24 investigation summaries, what did you do with this
25 information?

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1 A. It varied depending on my role throughout the
2 pandemic. Is there a specific time frame?

3 Q. At the -- let's say from the time you were in
4 charge of the contact tracing system, which was from
5 June to December of 2020, what did you do with these
6 special investigation weekly summaries?

7 A. At that time, I mostly didn't have an action I
8 was responsible for in reaction to this except to say
9 that sometimes one of the categories of information we
10 would collect would be things like, "Do you live in a
11 long-term care facility or another congregate setting?
12 Do you attend school, or do you" -- "Do you work, and
13 what is your workplace?"

14 And so there may have been times where I, you
15 know, sort of used this to feed back to my understanding
16 of -- of what data my team were collecting that was
17 going into the CalCONNECT database and, in part, being
18 used to -- to generate this information.

19 Q. Okay. So I want to direct you to Table 1,
20 which reads the "Number of Cases by Residential
21 Congregate Setting Type."

22 A. Yes.

23 Q. In the section where it says "Cumulative," did
24 that include the total number of hospitalizations up
25 until October 21st or just for that week of October 15th

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1 through October 21st of 2020?

2 A. I don't recall specifically, but my -- and I
3 wasn't responsible for the code that was used to
4 generalize -- to create this document or the
5 decision-making that was used to build that code.

6 Purely based on my review right now, I believe
7 it would have been cumulative from the beginning of the
8 pandemic --

9 Q. Okay.

10 A. -- but limited by our knowledge of who was
11 hospitalized and whether they were associated with any
12 of these types of facilities.

13 Q. Okay. And then right of the "Cumulative," it
14 says "Weekly New."

15 Would that have included the new
16 hospitalizations in the week of October 15th through
17 October 21st, 2020?

18 A. I -- I don't know whether that would have been
19 people who were previously known to be cases associated
20 with these entities and newly hospitalized or cases who
21 were newly found to be associated with these entities
22 who we also knew to be hospitalized.

23 My best understanding reading this now is it's
24 the latter, cases that we've just become aware of that
25 are associated with these facilities who also happen to

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1 be hospitalized at -- we also know to be hospitalized
2 based on the information we have at that time.

3 Q. Okay. And so on the first column, it says
4 "LTCF." Can you remind me what that stands for?

5 A. Long-term care facilities.

6 Q. It has a number -- a total number of
7 hospitalizations.

8 Are those numbers -- were those numbers traced
9 to long-term care facilities, or were those numbers just
10 representative of people in long-term care facilities
11 who were hospitalized?

12 A. So I did not directly oversee the team that
13 generated these specific data, but my best understanding
14 is that we would have included any patient who was both
15 a resident of a long-term care facility at any point
16 during their illness, either the period where -- before
17 they got sick, when they might have been exposed,
18 through the period where they were sick, whether or not
19 we had any evidence or believed that they got sick in
20 their facility.

21 MR. WALL: Mariah, can you hold on for one
22 second? There's some noise near me in the office. I
23 just need to tell people to be quiet for a sec, and then
24 I'll be right back.

25 MS. GONDEIRO: Sure.

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1 MR. WALL: Thank you. I appreciate that.

2 Go ahead, Mariah.

3 MS. GONDEIRO: Can we scroll down to Table 6?

4 BY MS. GONDEIRO:

5 Q. Okay. Table 6 reads, "Number of worksite
6 investigations by Setting Type."

7 In the column where it says "N," does that
8 represent the total number of worksite investigations
9 since the beginning of the pandemic until October 21st
10 of 2020?

11 A. Not quite. My understanding is that would be
12 the total number we were aware of and were gathering in
13 this data repository and had sort of categorized as an
14 investigation.

15 Q. From what period was this data gathered?

16 A. Ah. Oh, my best understanding is it would have
17 been from the beginning of the pandemic, but our ability
18 to gather this type of data fluctuated especially early
19 in the pandemic.

20 Q. Okay.

21 A. There may have been very limited data gathering
22 at all in the beginning.

23 Q. Okay. Does this table represent actual cases
24 that were traced to these setting types or people who
25 reported COVID-19 cases from these setting types?

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1 A. First, I'll say, you know, we've -- I've
2 responded as you've used the word "traced" previously
3 that that was -- that's not quite how we'd use the term
4 or used contact tracing. Again, we are focusing much
5 more on that forward prevention of cases.

6 So if you're using it to mean attributed to
7 transmission in these locations, no, that's not what
8 this describes. This describes clusters or
9 investigations of clusters either reported by these
10 entities or these types of entities or where individuals
11 have indicated that their -- their work location is
12 these entities.

13 Q. Okay. So in the next column where it says
14 "Active Investigations," does that represent the active
15 investigations for the week specified in this Special
16 Investigations Weekly Summary?

17 A. That's my best understanding, yes.

18 Q. Okay. So, based off of this table, the most
19 reported settings were construc- -- was construction; is
20 that correct?

21 A. I would amend that to say the setting in which
22 there were the most cases reported among employees by
23 those entities that had high enough numbers among them
24 to be considered a cluster and need investigation was
25 among construction --

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1 Q. Okay.

2 A. -- overall throughout the entire pandemic.

3 Q. Why were -- why was construction the highest?

4 A. I think, in short, I don't know. And I think
5 it's likely due to a number of complex factors that this
6 was the most reported or identified loca- -- type of
7 location that resulted in investigation.

8 Q. What type of factors do you think contributed
9 to sites reporting -- construction reporting so many
10 COVID-19 cases?

11 MR. WALL: Objection. Beyond the scope.

12 But you can answer, Dr. Rudman.

13 THE WITNESS: Okay.

14 I think some of the factors that played in
15 here, to help us -- or that led to us identifying what
16 we thought might be a cluster needing investigation was
17 in what employment setting people were getting tested,
18 which was sometimes impacted by whether they were
19 required to be tested as part of their job, which would
20 therefore make them more likely to come to our awareness
21 if they were positive than people who worked in settings
22 that didn't require testing, as well as what work
23 settings had more people working in them as opposed to
24 fewer, what work settings required people to come
25 together physically versus not.

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1 The regulations for reporting by the work
2 settings also varied throughout the pandemic such that,
3 you know, I believe -- you know, various entities such
4 as Cal/OSHA required employers to report among employees
5 but not necessarily among patrons of a retail setting,
6 for example. And then further data gathering also was
7 limited by whether those entities complied with either
8 those reporting requirements or recommendations.

9 MS. GONDEIRO: Uh-huh.

10 THE WITNESS: So should an entity choose not to
11 tell us that they're aware of a cluster of cases or a
12 case among an employee, we usually had no way of knowing
13 that.

14 MS. GONDEIRO: Okay.

15 THE WITNESS: So what this reflects to me is a
16 combination of construction, you know, manufacturing,
17 retail, at this time in this past week on this report,
18 having all of those factors. Their employees were both
19 getting sick and getting tested and notifying their
20 employers, and their employers were notifying us, and
21 they were disclosing full information to us about the --
22 the numbers of employees getting sick and the details of
23 those enough for us to identify that an investigation
24 was needed.

25 ////

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1 BY MS. GONDEIRO:

2 Q. Okay. Throughout the COVID-19 pandemic, what
3 business or setting types were the most -- were the most
4 reported COVID-19 cases?

5 MR. WALL: Object to form.

6 You can answer, Dr. Rudman.

7 THE WITNESS: Yeah.

8 Maybe -- well, I'm sorry. Can you ask the
9 question again?

10 BY MS. GONDEIRO:

11 Q. Yeah. Sorry.

12 A. That's okay.

13 Q. It wasn't a good question.

14 During the COVID-19 pandemic, what business
15 types reported the most COVID-19 cases?

16 A. I don't know the answer to that sort of for the
17 entire pandemic. I would rely on documents like this
18 one to help me answer that.

19 But it would often, again, be based on the
20 regulatory requirements to report cases, the
21 likelihood -- or frequency with which people go to those
22 or work at those locations and their ability to comply
23 with those reporting regulations such that, for
24 example -- you know, we sort of share the total numbers
25 here, but the numbers for schools and long-term care

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1 facilities, I think if we were applying it on a
2 case-by-case basis, might have been much higher.

3 And that may be because at times in the
4 pandemic, you know, almost every child was in a school,
5 and almost every school was required to report cases and
6 was engaged in doing so.

7 Q. Uh-huh.

8 A. So there may have been periods, for example,
9 where the highest number of case reports were coming
10 from schools.

11 Q. Gotcha.

12 A. And so it was often reflective of those
13 regulations and just the likelihood that somebody was
14 affiliated with that type of entity.

15 Q. Okay.

16 MS. GONDEIRO: I actually don't need Exhibit 35
17 anymore. So if I can just go to the next exhibit, which
18 would be Exhibit 36, but it -- we can number it as
19 Exhibit 35 now.

20 (Exhibit 35 was marked for identification.)

21 BY MS. GONDEIRO:

22 Q. Okay. So this is a Special Investigations
23 Weekly Summary from May 20 through 2021 -- or May 20
24 through May 26, 2021.

25 Can you please scroll down, I think, to

1 Table 6?

2 A. I'm just -- I'm reviewing the full report.

3 Q. Okay.

4 A. I'll be there in a sec.

5 MS. GONDEIRO: Okay. You can actually stop
6 here. You can go up, yeah. Thanks.

7 THE WITNESS: Okay. Thank you. I'm back.

8 I'm sorry. You said Table 6 or Figure 6?

9 BY MS. GONDEIRO:

10 Q. Figure 6.

11 A. Oh, got it. Thank you.

12 Q. So this figure is -- represents the number of
13 cases reported by worksites by on-site date and business
14 type.

15 So I just want to be clear here again. These
16 number of cases do not represent cases that were
17 attributed to these business types but cases where these
18 business types reported cases; is that correct?

19 A. Yes.

20 Q. Okay.

21 A. Either because they're required to or -- or
22 raised concern and felt the need to.

23 Q. Gotcha.

24 A. Actually, I would amend that, that I think by
25 May 2021, if an individual, who we reached them on the

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1 phone and they were completing the full case
2 investigation, said, "And by the way, I work at this
3 worksite," that may have been flagged for inclusion here
4 even if their worksite did not mention them.

5 Q. Starting in May of 2021?

6 A. I think it was closer to January 2021 when we
7 started that process.

8 Q. Okay.

9 A. Could be February.

10 Q. Okay. But, generally, based upon this figure,
11 would you -- would you say that it represents that
12 retail space was a -- among the business types that
13 reported a lot of COVID-19 cases?

14 MR. WALL: Object to form.

15 THE WITNESS: Yes. You know, at this time,
16 everybody was reporting a lot of cases. But yes, I
17 would say, depending on the timing, retail spaces were
18 reporting cases.

19 BY MS. GONDEIRO:

20 Q. What does "Other" encompass?

21 A. I'll say I didn't remember specifically, but
22 based on reviewing the document, I'm seeing here it
23 includes accommodations, agricultural operations, beauty
24 salons and barbershops, distribution warehouse, fire,
25 EMS, or law enforcement, gym or fitness center,

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1 laboratories, entertainment venues, food processing,
2 office space/workspace, place of worship, public
3 transit, local park, rideshare, shelter, shipping,
4 transit, and waste facilities.

5 Q. That's a lot.

6 Why did the County decide to lump all of those
7 business types into an "Other" category?

8 A. I don't recall that specific decision.

9 Q. Did the "Other" category -- would it have
10 included cases that were reported from protests?

11 A. My understanding is -- again, based on the
12 document in front of me, is that this was reported by
13 worksites or employers.

14 So to the extent if there were a protest by
15 some sort of agency that had employees, I -- I imagine
16 it could have been included here, but I don't see that
17 listed in the -- yeah. I don't know what type of agency
18 that would be that would have employees or be considered
19 a workplace that might have reported it here.

20 Q. Do you recall the protests that occurred during
21 the summer of 2020?

22 A. Yes.

23 Q. Okay. Did the County ever conduct any type of
24 contact tracing to determine whether there were any
25 cases that were attributed to protests that were

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1 occurring in the summer of 2020?

2 MR. WALL: Object to form.

3 You can answer.

4 THE WITNESS: Oh.

5 Yes, with the limitations I described earlier,
6 that our contact tracing work was focused on prevention
7 of future cases.

8 MS. GONDEIRO: Uh-huh.

9 THE WITNESS: So, you know, if somebody said,
10 "I'm" -- if we reached a case and they said, "I'm sick
11 and planning to attend a protest," we would explain to
12 them the, you know, dangers of doing so to others they
13 might interact with.

14 In addition, I've sort of described how we
15 collected general information that gave suggestions as
16 to where somebody may have been exposed, and one of
17 those was asking about whether folks had attended
18 gatherings. I believe one of the answers somebody could
19 select to that question could be "Attended a protest."

20 So we would have gathered -- you know,
21 especially at the times when we -- when we reached
22 somebody and they were willing to conduct the entire
23 interview with us, we would have asked them that
24 question, and they would have been given that option as
25 a type of gathering they might have attended.

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1 Q. Uh-huh. Is this information -- was this
2 information collected through CalCONNECT?

3 A. Yes.

4 Q. Okay. Is this information documented anywhere
5 else?

6 A. Not that I specifically know of.

7 Q. Before the summer of 2020, and in anticipation
8 of the protests, did the County implement any specific
9 type of contact tracing specifically designed for the
10 protests -- the upcoming protests?

11 MR. WALL: Object to form. Assumes facts.

12 THE WITNESS: Yeah, I -- I would say I don't
13 think the County anticipated the protests happening at
14 all. And, generally, we were constantly trying to
15 create systems that anticipated the information we would
16 need in the future but often having to adapt in
17 realtime.

18 BY MS. GONDEIRO:

19 Q. When the County knew that the protests were
20 happening, did they design a specific contact tracing
21 system designed for the protests?

22 A. No. And I'll add that the contact tracing
23 system, CalCONNECT, was never designed by the County of
24 Santa Clara. But to the effect that we were using that
25 system, we -- we -- and that system added a question --

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1 or added the ability to choose protest as a type of
2 gathering, we would have made our staff aware of that --
3 or I recall making my staff aware of that, that that was
4 an option for the type of gathering somebody might have
5 attended so that we could gather that information.

6 Q. Based upon your recollection, were there
7 cases -- COVID-19 cases that were traced to the protests
8 that occurred during the summer of 2020?

9 A. So my general recollection is we struggled
10 throughout the entire pandemic to trace cases to
11 anything and say, "The most likely" -- if, by that, you
12 mean, "This is the most likely place you got sick."

13 But with that limitation, no, I don't recall
14 specific cases that were traced to a protest or specific
15 outbreaks or specific events of protest where we knew or
16 learned information that spread had definitely happened.

17 Q. Okay. Can you estimate how many COVID-19 cases
18 were reported where someone did attend a protest during
19 the summer of 2020?

20 A. I -- I -- no, I don't have an estimate of
21 how -- what proportion or how many cases that would be.

22 MS. GONDEIRO: Okay. Can we move on to the
23 next exhibit?

24 (Exhibit 36 was marked for identification.)

25 ////

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1 BY MS. GONDEIRO:

2 Q. This is a COVID-19 graph of case counts from
3 January -- January 27th, 2020, through March 20th of
4 2021.

5 Dr. Rudman, does this graph look familiar?

6 A. Yes. I am just scrolling through the rest of
7 the exhibit just to make sure there's nothing else I
8 need to see.

9 Thank you.

10 Sorry. Your question, is it familiar? Yes.

11 Q. Yes, on the first page here.

12 Was the County -- did the County anticipate
13 that the COVID-19 surges would ebb and flow as
14 illustrated in this graph?

15 A. Hmm. I can't speak for sort of the County as
16 an entity. I don't know if I anticipated -- yeah, I
17 don't -- I don't know.

18 Q. Yeah.

19 So would you say, based upon this graph, that
20 the County experienced a surge in COVID-19 cases
21 beginning -- in the beginning of November of 2020?

22 A. Yes.

23 Q. And did the County experience a rapid decline
24 in COVID-19 cases starting in the -- around the
25 beginning of January of 2021?

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1 A. I think "rapid" is subjective. But certainly,
2 yes, a decline in the daily number of cases starting
3 around January 2021.

4 Q. So, on the last date here -- I believe it's
5 like March 20th of 2021 -- would you say that the total
6 daily case counts are about the same as what they were
7 at the beginning of October 2020?

8 A. Yes, with the limitation that that -- our
9 knowledge of cases was always somewhat delayed. So to
10 really comment on -- and I don't remember specifically.
11 So to really comment on end of March 2020, I would kind
12 of want to see the data as we knew of it several weeks
13 or months later. But it appears that way from this
14 graph and that -- yeah. Yes, it appears that way from
15 this graph.

16 Q. Okay. Is it your recollection that the
17 COVID-19 cases continued to decline throughout March of
18 2020 -- of 2021 I mean?

19 MR. WALL: Just object to --

20 THE WITNESS: Generally --

21 MR. WALL: Object to form.

22 But you can answer, Dr. Rudman.

23 THE WITNESS: Generally, my recollection is,
24 yes, that between March and, I think, June of 2021, we
25 were seeing an overall decline. Whether that -- what

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1 the minor changes were throughout March, I don't
2 remember.

3 BY MS. GONDEIRO:

4 Q. Okay. But, generally, cases were declining --
5 continuing to decline in March of 2021; right?

6 A. I --

7 MR. WALL: Object to form.

8 THE WITNESS: I believe so.

9 MS. GONDEIRO: Okay. Can we go to the next
10 exhibit?

11 (Exhibit 37 was marked for identification.)

12 BY MS. GONDEIRO:

13 Q. So this exhibit represents the number of
14 COVID-19 hospitalizations from April 1st, 2020, through
15 March 7th of 2021.

16 Dr. Rudman, do you recognize this graph?

17 A. Generally, yes, but not what specific
18 presentation this came from.

19 Q. Okay. But do you recall reviewing these types
20 of graphs throughout the COVID-19 pandemic?

21 A. Yes.

22 Q. Okay. Would you say, based upon this graph,
23 that hospitalizations were declining starting in the
24 beginning of January of 2021?

25 A. Based on this graph, yes.

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1 Q. Okay. Would you consider that decline to be a
2 rapid decline in hospitalizations?

3 A. Somewhat. And I think, for the individuals
4 hospitalized, not rapid enough --

5 Q. Yes.

6 A. -- or the people working in the hospital.
7 But --

8 Q. How would you describe that decline?

9 A. Consistent, although, you know, that's with a
10 retrospective lens from, in this case, March 2021.

11 I do remember sort of -- for example, if you
12 can see the small uptick right around January 20th or
13 just after, those kinds of upticks, at the time they
14 occur, I remember wondering, have we turned around and
15 headed back in the wrong direction or again back around?

16 Somewhere between 2/3 and 2/17, there's another
17 uptick. But I think, by March, we could look back and
18 say things have been improving with respect to
19 hospitalizations from January.

20 Q. Okay. But even though there were slight
21 upticks in -- in January and February, generally, the
22 trend was that hospitalizations were declining; is that
23 correct?

24 A. Yes.

25 MR. WALL: Objection to form.

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1 THE WITNESS: Although my -- that's my
2 retrospective view of that now. I don't recall exactly
3 sort of how -- how confident I was feeling in that
4 pattern at the time.

5 BY MS. GONDEIRO:

6 Q. Okay. Do you recall that hospitalizations
7 continued to decline through March of 2021, similar to
8 the COVID-19 cases that were continuing to decline in
9 March of 2021?

10 MR. WALL: Object to form.

11 THE WITNESS: My best memory is that they may
12 have, or, at the very least, we didn't -- I don't
13 remember a specific increase at that time.

14 BY MS. GONDEIRO:

15 Q. Uh-huh. Was it common, though, during the
16 COVID-19 pandemic to see COVID-19 hospitalizations
17 decline as COVID-19 cases declined?

18 A. Generally, yes, with some limitations, most
19 importantly that hospitalization patterns often
20 significantly occurred later than case patterns.

21 Q. Okay.

22 MS. GONDEIRO: Okay. I think we can end here,
23 and then we can take a lunch break.

24 Does that work for everyone?

25 MR. WALL: Works for us.

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1 MS. GONDEIRO: Okay. We can go off the record.

2 (Recess taken from 12:31 p.m. to 1:23 p.m.)

3 (Exhibit 38 was marked for identification.)

4 MR. WALL: Dr. Rudman, are you ready to go back
5 on the record?

6 THE WITNESS: Yes. Thank you.

7 MR. WALL: Ready when you are, Mariah.

8 MS. GONDEIRO: Okay. We can go on.

9 THE REPORTER: We're on the record.

10 BY MS. GONDEIRO:

11 Q. Dr. Rudman, do you recognize this Quantitative
12 Retrospective Contract -- Contact Tracing Survey?

13 A. Yes.

14 Q. Okay.

15 A. The exhibit in front of me?

16 Q. Yes.

17 A. Yes.

18 Q. Who prepared this survey?

19 A. I don't remember which individual -- oh, sorry.
20 The -- the report or the survey the report was
21 based on?

22 Q. Who -- who prepared the survey?

23 A. I oversaw a team of people who designed the
24 survey, developed the process for collecting the
25 information, and sort of oversaw the team while they

1 were collecting the study.

2 Q. Okay. And who was a part of this team?

3 A. Hard to remember. I know there was somebody
4 named Alexis D'Agostino who -- I'm trying to remember
5 her exact role or title at this time but was sort of
6 helping with all contact tracing-related data issues.

7 Q. Okay.

8 A. And her role was specifically to help design
9 the data system that would collect this information.

10 At the point we went live with this, CalCONNECT
11 did not have the ability to collect this type of
12 information; so we had to build a separate system, and
13 Alexis was the person who helped to do that. But then
14 there would have been a number of team leads and
15 individual team members who actually conducted the
16 calls, and I don't recall exactly who was assigned to do
17 that at that time.

18 Q. Okay. Does Alexis work for the County Public
19 Health Department?

20 A. Yes.

21 Q. What is her job title?

22 A. Oh, I believe it's senior research and
23 evaluation specialist.

24 Q. Okay. And does she report to you?

25 A. Not in her usual role, no.

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1 Q. Do you supervise her in any way?

2 A. Not at this time.

3 Q. Okay. Did you supervise her from June of 2020
4 through December of 2020?

5 A. At -- at points during that time, I believe she
6 reported directly to me and certainly indirectly to me.
7 She may have reported to other contact tracing project
8 managers who reported to me.

9 Q. Okay. When was this survey conducted?

10 A. So based on the document in front of me, we
11 were certainly collecting data from November 16th
12 through December 14th. I think the data collection may
13 have continued for a few weeks after that --

14 Q. Okay.

15 A. -- into early January 2021.

16 Q. Did you conduct similar surveys like this at
17 any other point during the COVID-19 pandemic?

18 A. Not under my supervision and not that I'm aware
19 of.

20 Q. Why did the County choose to conduct the survey
21 in November and December of 2020?

22 A. The purpose of conducting the survey was to try
23 to augment the information that we recognized that we
24 didn't get very well from the contact tracing work of
25 understanding where people were potentially being

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1 exposed.

2 So the goal of the survey was to try to
3 understand -- was to try to document everywhere somebody
4 went during the period they could have gotten sick and
5 then look at patterns to see if it taught us anything
6 about where people were likely getting sick.

7 Q. Okay.

8 A. And the reasoning for that was because we
9 didn't have other information that was a great way to
10 assess that.

11 Q. Okay. So this survey was designed to help --
12 to help the County figure out where cases may be
13 attributed to?

14 A. That was our goal.

15 Q. That was your goal. Okay.

16 MS. GONDEIRO: Can you scroll down to -- so,
17 actually, go up a little bit. One more.

18 BY MS. GONDEIRO:

19 Q. It says, "Risk level definition. High-risk
20 exposure: close contact plus no mask."

21 In this survey, did you keep track of the
22 individuals who were or were not wearing a mask?

23 A. Yes. So I think I alluded to this earlier,
24 that this is the only scenario I remember specifically
25 directing an operation that included collecting

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1 information about masking in certain settings. And,
2 yes, as a part of this study, in addition to collecting
3 what setting somebody was in, we also asked about
4 whether they wore masks in that setting.

5 Q. Okay. Is that information regarding whether
6 someone wore a mask or not documented somewhere as it
7 relates to this specific survey?

8 A. We -- we collected it and documented it, I
9 bel- -- so I don't know whether that documentation
10 persists, whether we maintained it after we concluded
11 the study. But at the time that it was being collected,
12 yes, it was documented.

13 Q. Do you recall whether the individuals who were
14 reporting COVID-19 cases were wearing a mask during the
15 time that this survey was conducted?

16 A. I'm sorry. I didn't understand the question.
17 Can you --

18 Q. Yeah.

19 Do you recall -- in regards to the individuals
20 in the survey who reported a COVID-19 case, do you
21 recall whether more individuals reported that they were
22 not wearing a mask at the same time that they reported a
23 COVID-19 case?

24 A. I think, if I understand your question, it's
25 whether the -- the people who were cases, the people who

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1 tested positive who we were interviewing for this,
2 whether -- are you asking whether more of them said they
3 did wear a mask versus whether they didn't?

4 Q. Yes.

5 A. Okay. I don't know the answer to that. But I
6 will add that a major limitation we grew to understand
7 as we did the study and evaluated it was that we didn't
8 have a comparison group of people who did not get sick,
9 and so we couldn't say whether the people who got sick
10 were more or less likely to wear a mask than people who
11 don't get sick because this study only included people
12 who did get sick.

13 Q. Okay. Can you scroll down to the "Key
14 findings"?

15 So it says the most reported sectors were
16 retail and in private/social settings. Then it says --
17 below that, it says, "Retail had more low-risk reports."

18 So does that mean that they had more reports of
19 individuals who -- who were wearing a mask at the time
20 that they reported a COVID-19 case?

21 A. No, that's not what this says.

22 Q. Okay. So what does that mean, that retail had
23 more low-risk reports?

24 A. So if you scroll back up a slide to the
25 definition of "low-risk exposure," what I recall and, in

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1 reviewing this, interpret it to mean was that while --
2 of all of the cumulative -- number of places people
3 went, a -- the most commonly reported sector was retail
4 or private and social.

5 Q. Uh-huh.

6 A. But in retail, more or most of them were
7 low-risk exposure, and that definition is that there was
8 no close contact with any others.

9 Now, at this time --

10 Q. Okay.

11 A. Oh, excuse me.

12 Q. Oh, no. You can -- you can continue. Sorry.

13 A. Yeah. So the -- the -- that -- the reason we
14 did not assess masking for no close contact was that was
15 deemed the lowest -- even lower risk than having close
16 contact with a mask was having no close contact at all.
17 So what we're saying is, in the retail setting, whether
18 or not somebody wore a mask, they were actually never
19 even within 6 feet of somebody for 15 minutes.

20 Q. Okay.

21 A. So we were saying they were -- yeah. So what
22 this says is they were meeting that lowest-risk group.

23 Q. Okay. In regards to the private/social
24 setting -- social settings, it said they had more
25 high-risk reports.

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1 So that means they had more reports of close
2 contacts plus no masks; is that correct?

3 A. Correct.

4 Q. Okay. Can you scroll down to -- yeah, this
5 is...

6 So when you -- so this graph says, "Most
7 reported sectors were retail and private/social," and
8 then it demonstrates the number of reports by the
9 business -- or by sectors.

10 I want to be clear again. These -- these
11 numbers, do they represent actual cases that are
12 attributed to these settings?

13 A. No. They represent people who are a case that
14 we know because we received a positive case report for
15 them, we were able to reach them by phone, and they
16 said, "At some point during the period before I got
17 sick," when we think people get exposed in a way that
18 translates to illness, "I indeed went to one of these
19 settings."

20 So, for example, somebody might have responded,
21 "Let's see. During the" -- at that point, I think we
22 were evaluating 14 days prior to disease onset as our
23 best understanding of when you can get an exposure that
24 results in an illness -- "I might have gone grocery
25 shopping twice, to the doctor once, dropped my kid off

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1 at school every day, and been to one athletic event."

2 Q. Uh-huh.

3 A. And I believe the way these data are displayed,
4 although I don't -- I'm not positive, that would show up
5 as 14 school exposures and, you know, two retail
6 exposures and one sports/athletic exposure.

7 Q. Okay. But after conducting the survey, were
8 you ultimately able to attribute any reported cases to
9 specific sectors?

10 A. No. My recollection of after reviewing this
11 survey, this report of the data and another report that
12 came after concluding the survey, was that it did not
13 meaningfully change our understanding based on other
14 science about what kinds of activities were causing
15 people to get sick or putting people at greatest risk of
16 getting sick.

17 And the reasons for that were that we -- again,
18 somebody -- it was -- we couldn't differentiate between
19 multiple exposures that somebody had, which one of them
20 caused them to get sick. And the patterns of how
21 frequently people attended different types of
22 exposure -- or different sectors and locations before
23 they got sick seemed to be much more related to what
24 activities were open at the time and what kinds of
25 typical day-to-day patterns people tend to have --

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1 Q. Uh-huh.

2 A. -- more than what kinds of patterns cause
3 illness.

4 Q. Uh-huh. Okay.

5 Okay. I think we can move on from this
6 exhibit.

7 When did the County first start testing
8 individuals for COVID-19?

9 A. So the County operates a public health lab --

10 Q. Okay.

11 A. -- that was able to start performing their own
12 tests for COVID-19, I believe, in February 2020. Prior
13 to that, the County had a role in facilitating
14 individuals' access to testing by the CDC I think as
15 early as January 2020.

16 Q. Starting in February of 2020, what type of test
17 did the County -- or what type of COVID-19 test did the
18 County administer?

19 A. In February 2020, that would have been a PCR,
20 or polymerase chain reaction, test.

21 Q. Okay. And did the County administer these
22 types of tests throughout the entire COVID-19 pandemic?

23 A. To various extents, yes.

24 Q. Okay. Was there any other type of test that
25 the County administered during the COVID-19 pandemic?

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1 A. So, to my knowledge, the County had several
2 roles in administering tests: as a health-care provider
3 in collecting tests; as a laboratory, both a clinical
4 laboratory and the public health lab, two labs operated
5 by the County perform tests; and then facilitating
6 testing by other agencies.

7 In all of those capacities, the County used
8 both the PCR-based test as well as later on, once they
9 became available, an antigen-based test.

10 Q. At any point during the COVID-19 pandemic, did
11 the -- did the County ever report cases from at-home
12 tests?

13 A. Report cases from at-home tests?

14 Can you specify report to whom or report --

15 Q. Yeah.

16 A. -- via what mechanism?

17 Q. Did they document at-home tests as confirmed
18 COVID-19 cases?

19 A. So they -- they may have, but that's -- yeah.

20 Q. You're not sure?

21 A. No. It's just that it's more complicated.

22 So there are two kinds of at-home tests -- or
23 two ways in which folks refer to at-home tests. The
24 antigen test may be performed at home. There are also
25 PCR or similar tests that look like gen- -- look for

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1 genetic material of the virus that can be collected at
2 home but sent to a laboratory.

3 Q. Uh-huh.

4 A. The latter, collected at home but sent to a
5 laboratory, the County would almost definitely and
6 certainly had systems set up to receive those reports.
7 So I would not say the County was reporting them; the
8 County was receiving those reports and documenting them
9 and responding to them.

10 For the former, when somebody performs an
11 antigen test at home, it would have varied based on in
12 what setting that might have translated to a report that
13 came to the County. Most notably, it may have been some
14 of the requirements for employers to report to the
15 County when employees tested positive that -- or schools
16 reporting to the County that included when school --
17 students or faculty tested positive, that may have
18 included home-based antigen tests in their reports.

19 Q. So you mentioned earlier that the County had a
20 public health lab where they tested for COVID-19
21 patients; is that correct?

22 A. Correct.

23 Q. Did the County contract with specific companies
24 to help them administer the COVID-19 tests?

25 A. Yes. Yes.

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1 Q. And who -- and what were those companies?

2 A. So depending on what you mean by -- actually,
3 can you specify what you mean by administer the test?

4 Q. I guess conduct the test.

5 A. Okay. Well, so -- so there were different
6 contracts for collecting the test, systems set up to
7 have somebody come to us or come to a clinical setting,
8 and we swab what was usually their nose, sometimes the
9 back of their throat, sometimes collect saliva. So
10 there were -- there were contracts set up to facilitate
11 that test collection. And then I'm aware of one major
12 contractor who facilitated the laboratory test
13 performance.

14 Q. And who was that major contractor?

15 A. A laboratory called "Fulgent."

16 Q. Fulgent.

17 Are you aware of the cycle threshold used by
18 Fulgent during the COVID-19 pandemic?

19 A. I'm aware of what cycle threshold is and that
20 there are cutoffs for specific PCR lab tests. I would
21 have to verify exactly which one Fulgent used.

22 Q. Okay. Do you have an idea?

23 A. My understanding is most labs were somewhere
24 between 32 and 42 and often were a cutoff at 40, but I
25 don't know for sure that Fulgent was using -- which test

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1 they used and whether it was the same 40 cutoff.

2 Q. Okay. Were you ever involved in deciding what
3 cycle threshold Fulgent should use when testing for
4 COVID-19?

5 A. No. My understanding, that's an FDA
6 determination.

7 Q. Okay. Has Santa Clara County ever received
8 money from outside sources to implement their PCR
9 testing?

10 A. Can you specify --

11 MR. WALL: Object to form.

12 But you can answer.

13 THE WITNESS: Sorry.

14 Can you specify PCR testing for COVID or in
15 general?

16 BY MS. GONDEIRO:

17 Q. Specifically as it relates to COVID-19.

18 So let me ask the question again.

19 A. Okay.

20 Q. Throughout the COVID-19 pandemic, has
21 Santa Clara County received money from outside sources
22 to implement its COVID-19 PCR testing?

23 MR. WALL: Object to form.

24 THE WITNESS: Yes, I'm aware of at least one
25 source of outside funding that, in part, supports PCR

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1 testing for COVID.

2 BY MS. GONDEIRO:

3 Q. And who is that source?

4 A. That would be the federal government grant that
5 I believe is administered by the CDC called "ELC" --
6 what does that stand for? I think it's Epidemiology and
7 Laboratory Capacity grant -- that we receive via the
8 State Public Health Department that has been used
9 throughout the pandemic to support an array of public
10 health response activities including laboratory testing.

11 Q. Okay. Were there any other outside sources
12 that you're aware of?

13 A. I'm aware that, at times, some of the testing
14 performed was reimbursable by third-party health
15 insurance, whether that's Medi-Cal or Medicare or
16 private health insurance. So that would be, I guess, an
17 additional source of funding that supported the testing
18 structure.

19 Q. Okay. Any other sources?

20 A. I can't think of any specifically, but it would
21 be typical for other federal or state grant funds to be
22 allowable for that purpose.

23 Q. Okay. What were -- what were the requirements
24 to receive these types of grants?

25 A. Those would vary dramatically grant to grant.

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1 Q. Okay. Well, the federal grant by the CDC, what
2 were the requirements in order to get the grant?

3 MR. WALL: Object to form.

4 THE WITNESS: Can you specify what you mean by
5 to get the grant? Is it to be a recipient or to claim
6 it?

7 BY MS. GONDEIRO:

8 Q. To be a recipient of the grant, what were the
9 requirements that one -- that the County had to fill in
10 order to receive, you know, the federal grant from
11 the -- by the CDC?

12 MR. WALL: Object to form.

13 THE WITNESS: So if you're referring
14 specifically to the ELC federal grant I mentioned, which
15 actually has multiple components, but my understanding
16 is -- I think all governmental, state, and local
17 agencies may have been eligible for some proportion of
18 the funding, but how that's determined, I don't know.

19 BY MS. GONDEIRO:

20 Q. Okay. Are you aware at any point in the --
21 during the COVID-19 pandemic that Fulgent may have
22 changed the cycle threshold?

23 A. I wouldn't have been -- that wouldn't have been
24 part -- no, I'm not aware, and that wouldn't have been
25 part of my role to be aware.

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1 Q. Okay. Are you aware of the current cycle
2 threshold that is used for vaccinated patients in
3 Santa Clara County?

4 MR. WALL: Object to form.

5 THE WITNESS: While it may vary by test to test
6 as the tests are approved by FDA, I -- I don't know
7 exactly what's being used in different settings by
8 different labs for different tests. To my knowledge,
9 there are not different thresholds for vaccinated and
10 unvaccinated patients.

11 BY MS. GONDEIRO:

12 Q. Did -- I don't want to misstate your testimony,
13 but earlier did you say that Fulgent was following the
14 cycle thresholds that was advised by the CDC?

15 A. This is not my specific area of expertise, but
16 I believe it's the FDA --

17 Q. Okay.

18 A. -- who approves tests -- approves laboratory
19 tests and the details. I know there's also a -- CLIA,
20 C-L-I-A, is another -- I don't know if its an entity or
21 a set of regulations under which lab tests are approved.

22 What is within my purview is that we intend to
23 work with laboratories or evaluate tests based on their
24 FDA approval. So -- or CLIA approval. So we would set
25 up systems to receive results from FDA-approved or

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1 authorized tests where we would not act in the same way
2 for a test that was not FDA-approved or authorized.

3 Q. Okay. Are you aware if Fulgent ever followed
4 any cycle threshold calibration that was set by the
5 World Health Organization?

6 MR. WALL: Object to form.

7 THE WITNESS: I -- I don't know. I don't know
8 whether -- or how the systems work between what the
9 World Health Organization sets versus the FDA for a
10 given test. And it's also sort of not within my purview
11 to know that level of detail of how Fulgent is choosing
12 their CT, their cycle threshold.

13 BY MS. GONDEIRO:

14 Q. Okay. What is -- during the COVID-19 pandemic,
15 what is the most effective COVID-19 test that was used?

16 MR. WALL: Object to form.

17 THE WITNESS: Can you specify what you mean by
18 "effective"?

19 BY MS. GONDEIRO:

20 Q. I guess "accurate" would be a better word.

21 MR. WALL: Again, object to form.

22 BY MS. GONDEIRO:

23 Q. What COVID-19 test is the most accurate?

24 MR. WALL: Object to form.

25 You can answer, Dr. Rudman.

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1 THE WITNESS: Thank you.

2 So I would say it depends. Accurate to what?
3 PCR testing is considered sort of the gold standard in
4 COVID diagnostic testing because it is the most
5 sensitive. So -- and because it is designed to detect a
6 current or very recent infection, by comparison, antigen
7 testing has a lower threshold for picking up virus and
8 so therefore is considered, in some ways, less accurate.
9 Because somebody with a mild or brand-new or very early
10 or very late infection may test positive by PCR but not
11 by antigen.

12 On the other hand, you could interpret that the
13 antigen test is more accurate if what you're trying to
14 say is how contagious is a person at a given time.

15 Finally, there's a third type of test called "a
16 serology" which looks for a human response to an
17 infection, current or past. That test is not helpful
18 for understanding, necessarily, is someone sick right
19 now, but it may be the most accurate for telling us have
20 they ever been sick with COVID.

21 BY MS. GONDEIRO:

22 Q. Okay. Was it ever a policy in the County that
23 only COVID-19 tests that were produced by -- or through
24 a PCR testing, that those tests be documented and only
25 those types of tests?

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1 A. No. It was never a policy that only PCR tests
2 would be documented; however, the -- a federal group
3 called "the CSTE" -- I think it's Council of State and
4 Territorial Epidemiologists -- is considered the expert
5 group that defines what an illness is for surveillance
6 and public health purposes, and they have determined,
7 and we have followed that determination, that a
8 confirmed case is somebody with a positive PCR test
9 whereas a probable case, sort of a lower threshold, is
10 somebody with a positive antigen test.

11 So I would say that the County policy would be
12 to follow that definition as put forth by CSTE --

13 Q. Okay.

14 A. -- that differentiates between those two test
15 types.

16 Q. Okay. But during the COVID-19 pandemic, the
17 County was documenting COVID-19 cases from antigen
18 tests; correct?

19 A. Yes, but the systems for doing so were
20 different than for PCR tests.

21 Q. Can you explain?

22 A. Sure. Because all PCR tests, really, are
23 conducted by a laboratory, and laboratories are required
24 to electronically submit positive and now -- and
25 negative COVID test results into the County -- into

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1 CalREDIE, which the County then receives and acts on, we
2 felt confident, to the best of our ability, that we were
3 receiving the vast majority of all reports of positive
4 PCR tests.

5 For antigen tests, which may be performed in an
6 individual's private home or in a laboratory setting or
7 in a clinical setting or sometimes in a peri-clinical
8 setting or other -- other -- we were performing them at
9 schools or at other drive-through clinics, the systems
10 set up to receive that information varied throughout the
11 pandemic and were less consistent overall than for PCR.

12 I would say that for the vast majority of tests
13 conducted at home, we usually don't ever receive that
14 information. For the vast majority of tests conducted
15 in a laboratory, we do receive that information. And
16 then these sort of either -- like, in a clinic or in a
17 specific test site set up for antigen testing, it may --
18 it varied throughout the pandemic and continues to vary
19 whether we get that information.

20 Q. Okay. During the COVID-19 pandemic, was there
21 ever a point where you were keeping track of false
22 positive COVID-19 tests?

23 MR. WALL: Object to form.

24 THE WITNESS: I'll first add that identifying
25 that a test is a false positive is complex -- is

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1 somewhat subjective and had an evolving definition and
2 understanding throughout the pandemic.

3 I would say no, there was not a system that was
4 set up for the purpose of documenting false positives,
5 but in the systems in which we received results, acted
6 on them either for contact tracing or other purposes, if
7 we were to become aware that the best evidence was that
8 it was a false positive, we might document in those same
9 systems that our new understanding was that this was a
10 false positive for the purpose of acting on it, whether
11 that's contacting the patient and giving them new
12 information or any other adjustment to our understanding
13 of how we were previously acting on the case.

14 MS. GONDEIRO: Okay. I think we're -- we can
15 stop here. I actually only have maybe like 15 more
16 minutes left, but I haven't had lunch yet. So we can
17 take a ten-minute break, we'll come back, and we'll
18 finish.

19 MR. WALL: Sounds great. Thanks, Mariah.

20 MS. GONDEIRO: Okay. Bye.

21 (Recess taken from 1:56 p.m. to 2:06 p.m.)

22 MS. GONDEIRO: Okay.

23 THE REPORTER: Back on the record?

24 MS. GONDEIRO: Yes.

25 (Exhibit 39 was marked for identification.)

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1 MS. GONDEIRO: So this is Exhibit 39. It is
2 Defendant Sara Cody's Response to Plaintiff Mike
3 McClure's Interrogatories (Set One).

4 MR. WALL: I think this is Exhibit 40,
5 Ms. Gondeiro.

6 MS. GONDEIRO: Is it Exhibit 40, or is it
7 Exhibit 39?

8 EXHIBIT TECHNICIAN: Exhibit 39.

9 THE REPORTER: Counsel, we're --

10 MR. WALL: Oh, we skipped one. That's right.

11 THE REPORTER: Yes.

12 MR. WALL: Okay. So it's Exhibit 39. Thank
13 you. My mistake. I stand corrected.

14 BY MS. GONDEIRO:

15 Q. Dr. Rudman, do you recall reviewing these
16 interrogatories?

17 A. I'm flipping through now.

18 Yeah, I definitely recall that the document
19 existed and I was aware of that and that there are
20 portions I've reviewed.

21 Q. Okay. Was this one of the documents that you
22 reviewed before this deposition?

23 A. Yes.

24 MS. GONDEIRO: Okay. Can you please scroll
25 down? Keep going.

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1 EXHIBIT TECHNICIAN: Okay.

2 MS. GONDEIRO: Keep going.

3 EXHIBIT TECHNICIAN: Okay. Tell me when to
4 stop. Oh, here we go.

5 MS. GONDEIRO: Keep going. Sorry. I should
6 have --

7 EXHIBIT TECHNICIAN: Okay.

8 MS. GONDEIRO: Keep going.

9 EXHIBIT TECHNICIAN: All right.

10 MS. GONDEIRO: Keep going. Just keep
11 scrolling, and I'll tell you when to stop.

12 EXHIBIT TECHNICIAN: Okay. Hopefully, I'm not
13 ruining your eyes by doing this.

14 MS. GONDEIRO: Okay. Oh, go up.

15 Oh, Interrogatory Number 18.

16 EXHIBIT TECHNICIAN: Okay.

17 MS. GONDEIRO: Okay.

18 EXHIBIT TECHNICIAN: Let me get it -- there.

19 BY MS. GONDEIRO:

20 Q. Interrogatory Number 18 asks, "Identify all
21 COVID-19 cases traced to Calvary Chapel San Jose."

22 The County responded with -- or Dr. Cody
23 responded with, "The County has conducted more in-depth
24 outbreak investigations that have provided information
25 about the potential sources of COVID-19 cases in the

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1 County. Additionally, Calvary Chapel San Jose staff
2 members have admitted under oath that there have been
3 suspected and confirmed COVID-19 cases among Calvary
4 staff and congregants."

5 Do you recall reviewing this specific
6 interrogatory?

7 A. Yes.

8 Q. Okay. What did the County mean by -- when it
9 said that "The County has conducted more in-depth
10 outbreak investigations"?

11 A. The data that we reviewed earlier in the
12 special investigations report sort of rolled up or
13 combined together more detailed investigations into
14 certain apparent clusters. At times, those clusters,
15 through focused investigations or other circumstances of
16 the cluster, made it clear or made it very likely that
17 certain cases were attributed to transmission in those
18 settings.

19 One of the clearest examples of these was when
20 we had a resident of a long-term care facility like a
21 nursing home who had not left the nursing home during
22 the entire period when they could have been exposed and
23 gotten sick. It would become quite clear that the
24 source of their infection was in their nursing home.

25 Q. Uh-huh.

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1 A. And so those types of in-depth outbreak
2 investigations, while, again, were focused on preventing
3 future spread and stopping any spread happening in those
4 settings, were some of the few investigations where we
5 were able to really have information about where the
6 source of COVID was for that case.

7 Q. In regards to Calvary Chapel San Jose, was the
8 County able to attribute any COVID-19 cases to the
9 church?

10 MR. WALL: Object to form.

11 THE WITNESS: Can I first ask to clarify if the
12 school is independent from the church.

13 BY MS. GONDEIRO:

14 Q. Calvary Christian Academy is a -- is a branch
15 of Calvary Chapel San Jose, but they are operated
16 separately. So I'm -- right now, I'm just talking about
17 the church.

18 A. Okay. So indi- --

19 MR. WALL: Object. Object to form and
20 misstates the discovery record.

21 But you can answer the question as posed by
22 Ms. Gondeiro, Dr. Rudman.

23 THE WITNESS: So, if I understand, your
24 question is, am I aware of cases traced to the church
25 exclusive of the school?

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1 BY MS. GONDEIRO:

2 Q. Are you aware of confirmed COVID-19 cases that
3 were attributed to Calvary Chapel San Jose, the church,
4 not --

5 MR. WALL: Object to form. Oh, sorry.

6 BY MS. GONDEIRO:

7 Q. -- not the school?

8 MR. WALL: Object to form.

9 THE WITNESS: So with the limitation I
10 described earlier, that for the vast majority of cases,
11 we did not ever find a way to attribute them to any
12 specific setting, no, I'm not aware of any cases that we
13 specifically attributed to having gotten sick in the
14 church or that was clearly where they got their
15 infection.

16 MS. GONDEIRO: You can scroll down to
17 Interrogatory Number 19.

18 BY MS. GONDEIRO:

19 Q. Interrogatory Number 19 reads, "Identify all
20 COVID-19 cases traced to Southridge Baptist Church of
21 San Jose."

22 Do you recall reviewing this specific
23 interrogatory?

24 A. Yes.

25 Q. Okay. Did you help prepare a response to this

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1 interrogatory?

2 A. Yes.

3 Q. Okay. Are you aware of any confirmed COVID-19
4 cases that were attributed to Southridge Baptist Church
5 of San Jose?

6 A. No, I'm not.

7 MR. WALL: Object to form. Oh.

8 THE WITNESS: Sorry. Sorry.

9 No, I'm not.

10 MS. GONDEIRO: Okay. I don't think I have any
11 more questions.

12 MR. WALL: If we could just take a short break,
13 Ms. Gondeviro. We'll come back. I may or may not have
14 some questions, but if we could take a short break.

15 MS. GONDEIRO: Okay. That's fine.

16 MR. WALL: Thanks.

17 (Recess taken from 2:14 p.m. to 2:17 p.m.)

18 MR. WALL: Okay. Are we back on the record,
19 Ms. Knowles?

20 THE REPORTER: Yes, we're back on the record.

21 MR. WALL: Thank you.

22 EXAMINATION

23 BY MR. WALL:

24 Q. Dr. Rudman, thank you for your time today.
25 Just a couple quick follow-up questions.

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1 Is there any way to -- let me ask -- scratch
2 that.

3 Is it possible to determine the source of a
4 particular COVID-19 infection?

5 A. So sometimes, and it's actually quite rare,
6 either because -- we can attribute a specific infection
7 or a specific transmission event. The two circumstances
8 where that's usually possible are either because
9 somebody really only had one possible exposure. They
10 were a young child who never left the home during the
11 entire period of exposure and therefore must have
12 acquired at home or a long-term care facility resident
13 who never left the facility and must have acquired in
14 the facility.

15 The other circumstance is sometimes genetic
16 sequencing information from the virus itself that is --
17 that caused the illness in an individual can be matched
18 to or very closely matched to genetic sequencing of a
19 virus from another individual who is sick who came in
20 contact with that first case. And that is also
21 sometimes enough evidence to say it is very likely this
22 individual got sick from the other who has matching
23 genetic fingerprint of their virus.

24 In the absence of either of those
25 circumstances, it's almost impossible to know where

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1 somebody got sick, and the best we can do is look at
2 patterns of where they were likely to have gotten sick.

3 Q. Are you aware of any reported positive COVID-19
4 cases where someone reported or it was known that they
5 had attended either Calvary Chapel or its school?

6 A. Yes. I'm aware of cases where it was reported
7 that they attended the school.

8 Q. And was there any -- did the County conduct any
9 genomic sequencing or analysis of the virus that those
10 individuals had to determine the potential source or
11 sources of the infection?

12 A. Not to my knowledge, no.

13 MR. WALL: Thank you, Dr. Rudman. Those are
14 all -- that's all I have.

15 THE WITNESS: Okay.

16 MS. GONDEIRO: I don't have any follow-up
17 questions.

18 MR. WALL: Thank you.

19 THE REPORTER: Anything further, Counsel?

20 MR. WALL: Just we would like to request,
21 pursuant to the federal rules, an opportunity to review
22 and make corrections to the transcript.

23 MR. TYLER: I'm sorry. This is Robert Tyler
24 here. Mariah, I would like to confer with you very
25 briefly because there may be one follow-up question.

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Can we go off the record for five minutes? Not even five. Give us two minutes.

MS. GONDEIRO: Okay.

MR. WALL: That's fine.

MR. TYLER: Thank you, Mariah.

(Recess taken from 2:20 p.m. to 2:26 p.m.)

MS. GONDEIRO: I just have a few follow-up questions.

MR. WALL: Sure.

MS. GONDEIRO: Okay.

THE REPORTER: We're back on the record.

FURTHER EXAMINATION

BY MS. GONDEIRO:

Q. Dr. Rudman, was it your testimony that there are two ways that you can determine whether a COVID-19 case is attributed to a specific setting?

MR. WALL: Object to form.

THE WITNESS: I'm not sure if those were my exact words, but those are -- those are the two highest levels of evidence to feel most confident that a case is attributed to a specific setting.

BY MS. GONDEIRO:

Q. Okay. So your testimony was that there are two -- two situations that can show or demonstrate that it is very likely that a business -- or a setting would

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1 have contributed to a specific COVID-19 case; is that
2 correct?

3 A. Yes. Those are two major settings I can think
4 of right now -- or situations.

5 Q. Okay. And the first example you gave was
6 genetic sequencing; correct?

7 MR. WALL: Object to form.

8 THE WITNESS: That is one of the two examples I
9 gave.

10 BY MS. GONDEIRO:

11 Q. Okay. And then the other example you gave was
12 a situation -- or was the other example you gave a
13 situation where someone is basically just enclosed in a
14 specific space and doesn't have, like, a -- like,
15 contact with other people? Is that correct?

16 A. That's not exactly how I stated it.

17 Q. Okay. Can you explain the other way that --

18 A. I think -- yeah, as best I stated it before.
19 Another situation we feel very confident attributing a
20 certain location as the place of exposure is when
21 somebody has only been in that location for the entirety
22 of the period when they could have been exposed,
23 resulting in their illness.

24 Q. Okay. Did the County conduct genetic
25 sequencing of COVID-19 cases that were reported from

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1 Calvary Christian Academy?

2 A. I don't know of any genetic sequencing results
3 specific to cases from Calvary Christian Academy.

4 Q. Did the County determine that the COVID-19 --
5 that any of the COVID-19 cases that were reported from
6 Calvary Christian Academy may have came from someone who
7 was only in close -- or who was only in contact with
8 people within Calvary Christian Academy?

9 MR. WALL: Object to form. Outside the scope.
10 Incomplete hypothetical.

11 You can answer the question, Dr. Rudman.

12 THE WITNESS: I don't know of any cases
13 associated with Calvary Christian Academy in which that
14 case was only in that location for the entirety of their
15 exposure period.

16 BY MS. GONDEIRO:

17 Q. So you mentioned earlier that the County may be
18 able to determine the location of where someone may have
19 gotten COVID-19 if they were on that location and only
20 that location for a period of time.

21 How long is that period of time?

22 MR. WALL: Object to form. Incomplete
23 hypothetical.

24 THE WITNESS: Earlier when I referred to the
25 exposure period or the period during which, prior to an

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1 illness onset, we think their exposure that led to that
2 illness most likely occurred, our knowledge of that has
3 evolved somewhat over the pandemic, but we've usually
4 treated it as a period of up to 14 days.

5 MS. GONDEIRO: Uh-huh.

6 THE WITNESS: With more recent variants, we
7 think that that is usually a much shorter period on the
8 number of -- maybe three to seven days.

9 BY MS. GONDEIRO:

10 Q. For the COVID-19 --

11 A. Uh-huh.

12 Q. -- was the exposure period 14 days?

13 A. There were periods of the pandemic for which
14 our best understanding of the exposure period for the
15 circulating variants was 14 days; and because of that,
16 for many investigations, we would ask about exposures
17 during the 14 days prior to disease onset.

18 Q. Okay. During the time when cases were -- that
19 Calvary Christian Academy reported COVID-19 cases, was
20 the exposure period then, which was in January of 2021,
21 14 days?

22 A. To the best of my -- oh.

23 MR. WALL: Object to form.

24 You can answer the question.

25 THE WITNESS: To the best of my memory, we were

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1 using a definition of the exposure period for
2 investigation purposes of 14 days at that time, January
3 2021.

4 BY MS. GONDEIRO:

5 Q. Okay. So you have no way to know that persons
6 infected -- that there was anyone infected at Calvary
7 Christian Academy?

8 MR. WALL: Object to form.

9 THE WITNESS: No, I would disagree with that
10 statement.

11 BY MS. GONDEIRO:

12 Q. Do you have any evidence that there were
13 COVID-19 cases reported from Calvary Chapel -- or
14 Calvary Christian Academy that were attributed to
15 Calvary Christian Academy?

16 MR. WALL: Object to form. Asked and answered.

17 THE WITNESS: So, yes, I do have evidence in
18 that we had data that I believe came from both Calvary
19 Christian Academy and individual either cases or their
20 family members sharing that those cases had potential
21 exposures at Calvary Christian Academy during their
22 exposure period or were contagious and were present at
23 Calvary Christian Academy during their infectious period
24 such that they might have exposed other people as well
25 as a cluster, a number of cases occurring around the

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1 same time, in the same location, and who would have come
2 in contact with each other, which both I and the County
3 as well as CDPH and CDC, throughout that period, would
4 consider enough of a -- enough cases in the same place
5 at the same time to suggest some level of evidence that
6 there was transmission happening.

7 So while I don't feel I can say I have proven
8 that a given case must have come from Calvary Christian
9 Academy, I do feel the County had evidence that there
10 was transmission or likely transmission happening in
11 that setting enough to investigate further and enough to
12 attempt -- as we did with other such clusters, without
13 proving transmission, where we would reach out to try to
14 offer guidance to reduce the likelihood of further
15 transmission in that setting.

16 BY MS. GONDEIRO:

17 Q. Are you aware of whether the individuals who
18 reported COVID-19 cases from Calvary Christian Academy
19 were in contact with others in the public outside of
20 Calvary Christian Academy?

21 MR. WALL: Object to form. Outside the scope.

22 But you can answer the question, Dr. Rudman.

23 THE WITNESS: Sure.

24 I -- I don't know the individual details of the
25 case interviews of the families of the cases we are

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1 aware of who tested positive and disclosed to us or the
2 academy disclosed to us that those students or staff
3 were affiliated with the academy. So I don't know well
4 enough to know what other exposures they had around the
5 same time or potential exposures or interactions they
6 had around the same time.

7 BY MS. GONDEIRO:

8 Q. Is it possible that the individuals who
9 reported COVID-19 cases from Calvary Christian Academy
10 could have acquired the COVID-19 from clusters in other
11 community settings?

12 MR. WALL: Object to form. Outside the scope.
13 Speculative. Incomplete hypothetical.

14 But you can answer the question, Dr. Rudman.

15 THE WITNESS: Okay.

16 Is it possible? Yes, and I think that's the
17 difficulty of some of what we've discussed today with
18 respect to contact tracing. Knowing exactly where
19 somebody got sick was very difficult, and so it was
20 often based on other information that we set our
21 guidance and recommendation about how to reduce spread.

22 BY MS. GONDEIRO:

23 Q. Are you aware if the individuals who reported
24 COVID-19 cases from Calvary Christian Academy -- are you
25 aware if they were in contact with anyone who went to

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1 church at Calvary Chapel San Jose?

2 MR. WALL: Object. Object to scope -- object
3 to form. Outside the scope.

4 You can answer, Dr. Rudman.

5 THE WITNESS: I -- I don't recall and don't
6 know if I ever would have reviewed the specific
7 interview data closely enough to know what other
8 interactions they had, including interactions with
9 members of the chapel.

10 BY MS. GONDEIRO:

11 Q. Are you aware if any of the individuals who
12 contracted COVID -- or who reported COVID-19 cases from
13 Calvary Chapel -- or Calvary Christian Academy -- are
14 you aware if those individuals were in contact with --
15 with any employee from Calvary Chapel San Jose during
16 their exposure period?

17 MR. WALL: Same objections.

18 THE WITNESS: Again, I don't recall and don't
19 know if I ever would have reviewed the specific
20 interview data to this detail to have knowledge of who
21 else they came in contact with --

22 MS. GONDEIRO: Okay.

23 THE WITNESS: -- including whether members of
24 the chapel.

25 ////

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1 BY MS. GONDEIRO:

2 Q. So these interviews -- you had -- you
3 documented these interviews of reported cases from
4 Calvary Chapel -- from Calvary Christian Academy; is
5 that correct?

6 A. No. I would say I supervised a team of a
7 hundred leads who supervised a total of about 900
8 contact tracers who conducted on the order of sometimes
9 up to a thousand interviews a day all combined into the
10 CalCONNECT database. And so whether I -- yeah. So, no,
11 I did not conduct those interviews or collect those
12 data, but I supervised the system of data collection and
13 staff doing so.

14 Q. Okay. But someone within the team did document
15 those interviews of reported COVID-19 cases from Calvary
16 Christian Academy; correct?

17 A. What -- what the system was set up to document,
18 and I presume and believe was documented, was any
19 reports from Calvary Christian Academy of cases within
20 their system, as was required by regulation for them to
21 report anytime they became aware of a case or a cluster.

22 And then, in addition, anybody who tested
23 positive who we attempted to reach and were successfully
24 able to interview would have been asked, if a child, "Do
25 you attend school, and where?" or, if an adult, "Do you

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1 work, and where?" And if that question was answered and
2 answered fully by the patient or their family and they
3 disclosed Calvary Christian Chapel or Calvary -- I'm
4 sorry -- Calvary Christian Academy, that would have been
5 documented in that CalCONNECT system.

6 Was that your question?

7 Q. Yeah. That's helpful.

8 A. Okay.

9 MS. GONDEIRO: Okay. I think I'm done.

10 MR. WALL: No further questions.

11 And just to reiterate the request for an
12 opportunity to review and correct the transcript,
13 Ms. Knowles.

14 THE REPORTER: Thank you.

15 And same transcript order?

16 MR. WALL: Same transcript order for the
17 Defendants.

18 THE REPORTER: Anything further?

19 MS. GONDEIRO: No. We're good.

20 THE REPORTER: Okay. Then the deposition is
21 concluded.

22 (The deposition proceedings were
23 concluded at 2:39 P.M.

24 Declaration under Penalty of Perjury on
25 the following page hereof.)

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1 DECLARATION OF WITNESS UNDER PENALTY OF PERJURY

2

3 I, SARAH RUDMAN, M.D., hereby declare I am the
4 deponent in the within matter; that I have read the
5 foregoing transcript and made any corrections,
6 additions, or changes, if any, on the errata sheet. The
7 testimony is now a full, true, and correct transcript of
8 my testimony.

9 I declare under the penalties of perjury of the
10 State of California that the foregoing is true and
11 correct.

12

13

14 Executed this _____ day of _____
15 20_____, at _____, _____.
16 (City) (State)

17

18

19 _____
20 SARAH RUDMAN, M.D.
21
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25

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1 STATE OF CALIFORNIA)
2) ss.
COUNTY OF SANTA CLARA)

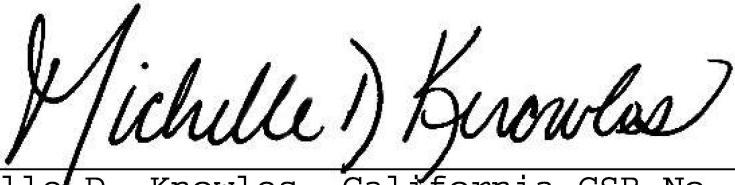
3
4 I, MICHELLE D. KNOWLES, CSR No. 8979 and
5 Deposition Officer in the State of California, do hereby
6 certify that prior to being examined, the witness in the
7 foregoing deposition was duly sworn to testify the
8 truth, the whole truth, and nothing but the truth;

9 That the testimony of the witness and all
10 objections made at the time of the examination were
11 recorded stenographically by me;

12 That the foregoing transcript is a true record
13 of the testimony given and all objections made at the
14 time of the examination.

15 Pursuant to Rule 30(e) of the Federal Rules of
16 Civil Procedure, a request was made for review and
17 signature by the witness.

18
19 Dated: September 1, 2022

20 
21
22 Michelle D. Knowles, California CSR No. 8979

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24
25